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HANDY-BOOK
OF THE
TREATMENT OF WOMEN'S AND
CHILDREN'S DISEASES.

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HANDY-BOOK

OF THE

TREATMENT OF WOMEN'S AND CHILDREN'S DISEASES

ACCORDING TO

THE VIENNA MEDICAL SCHOOL,

WITH PRESCRIPTIONS,

BY

DR EMIL DILLNBERGER.

TRANSLATED BY

PATRICK NICOL, M.B.



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AUTHOR'S PREFACE.

THE friendly reception that my Handy-Books for Medical and Surgical Diseases met with, induced me to prepare a similar one for Diseases of Women and Children ; the second edition of this I now recommend to the equally kind reception of my readers.

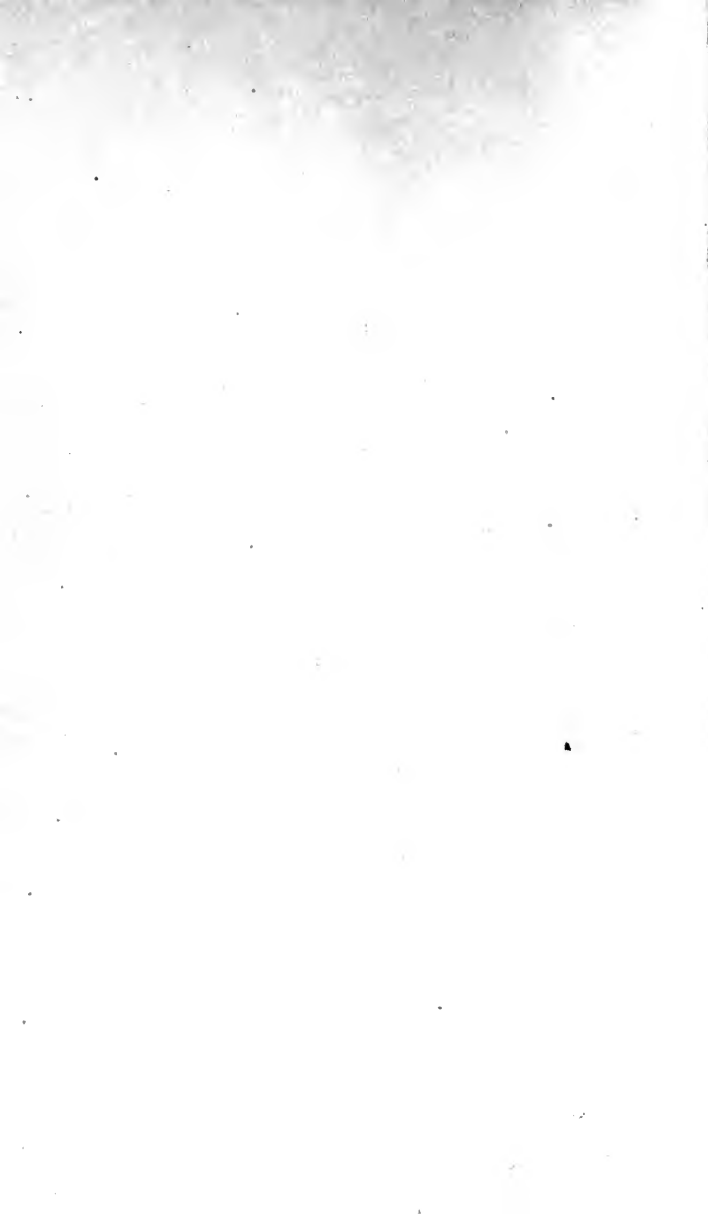
DR DILLNBERGER,

PHYSICIAN, NEUSOHL,

ASSOCIATE OF THE VIENNA MEDICAL FACULTY.

NEUSOHL, HUNGARY,

December, 1869.



TRANSLATOR'S PREFACE.

It is hoped that this little book, in its English form, will be useful and profitable to the British practitioner. The translation, no doubt, has many imperfections; the differences between the two countries, in familiar nomenclature and in modes of measurement, and the alphabetical arrangement (well suited to the purpose of the original), may account for some of these.

The notes on British practice are intended for nothing more than an index to the main differences between the Austrian and the British modes of treatment.

I have to acknowledge very many obligations to Dr J. Crichton Browne of the West Riding Asylum, Yorkshire, and to thank Dr Mitchell of Sheffield, and other gentlemen, for various assistance.

PATRICK NICOL.

BRADFORD, *25th March* 1871.

LIST OF PRINCIPAL WORKS REFERRED TO IN THE NOTES.

BEASLEY,	Pocket Formulary,
BRAUN,	Lehrbuch der Geburtshilfe.
CHURCHILL,	Manual of Midwifery.
DRUITT,	Report on Cheap Wines.
GLOVER,	Mineral Waters.
GRIMM,	Deutsches Wörterbuch.
HEWITT,	Diseases of Women.
M'PHERSON,	Baths and Wells of Europe.
NELIGAN,	{ Medicines; their Uses and Mode of Ad- ministration.
NIEMEYER,	{ Lehrbuch der Speciellen Pathologie und Therapie.
OBSTETRICAL SOCIETY'S Transactions.	
PEREIRA,	Manual of Materia Medica.
RIGBY,	Diseases of Women.
SCANZONI,	Diseases of Women, translated by Harley.
„	Beiträge zur Geburtskunde.
TANNER,	Diseases of Children.
„	Signs and Diseases of Pregnancy.
„	Practice of Medicine.
THOMSON,	Health Resorts.
WEST,	Diseases of Children.
„	Diseases of Women.

* E R R A T A.

Page 30, for *Diarrhœa*—*Purging*, read DIARRHŒA—PURGING.
 „ — Prescrip. 66, for *libram*, read *libram j*.

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* To subjects marked with an asterisk, a note on English practice will be found appended.

NOTE TO THE ENGLISH TRANSLATION.

OWING to the slight difference of the Austrian grain from ours, *the prescriptions* have not always the quantities identical with those of the author.

Those prescriptions that deal with solids are rendered, however, *practically the same as the original ones*.

Those that deal with liquids are also practically the same as the original ones *wherever the signs* $f\text{℥}$, $f\text{℥}$, &c., *and not* ℥ *and* ℥ *have been used*. In the last case (fluids designated by ℥ and ℥) the prescriptions may be used as they stand; but those who wish to have *Dr Dillnberger's exact proportions*, must have the liquids *weighed*, not measured, and must count the drachm at 68 grs., making its divisions (3 scruples) and multiples (one ounce = 8 drachms) to correspond.

Everything enclosed in square brackets so [], as also all notes except those to which "Author's note" is appended, have been added by the translator.

P. N.



PART FIRST.

DISEASES OF WOMEN.



DISEASES OF WOMEN.

ABNORMITATES DOLORUM AD PARTUM—ABNORMALITIES OF LABOUR PAINS.

Metracinesis—Feebleness of Pains.

THE treatment of feebleness of the labour pains may be naturally arranged according to the different periods of the labour. In the first stage, or that of the opening of the *os uteri*, the dietary is the most important point. The physician must see that the patient has easily digestible food, fresh air, moderate warmth, warm coverings for the feet, regular evacuations of the bladder and bowels, refreshing drinks, a comfortable posture, and proper bed-clothes. When there is general bodily weakness, give beef-tea with egg, wine-soup,* a little wine (Tokay, Ruster, Menes, &c.†). If the neck of the uterus has disappeared, the external os has got well dilated, and the cranium can be clearly felt lying not far from the membranes; then, according to Braun, these may be ruptured (the mother lying on her side). In-

* Equal parts of table wine (Hungarian *vin ordinaire*) and water are heated to boiling, beaten up with yolk of egg, and a little sugar added.—Dr DILLNBERGER.

† White and red (Menes) Hungarian wines; alcoholic strength about 22 per cent. of proof spirit, as in most other unfortified wines (Bordeaux, &c.) They may be got in this country.—See DRUITT'S *Report on Cheap Wines*.

roducing and leaving an elastic catheter between the chorion and the body and fundus of the womb, is a sure and speedy means of bringing on strong pains. The ascending uterus-douche * is another plan for augmenting the reflex action of the organ, and is to be preferred to hip-baths or steam-baths. Injections of lukewarm fluids into the uterus, by introducing an elastic catheter as far as the fundus, work in a similar manner. A farther resource is electricity; the conductors should be put in the region of the spine and at the *os uteri*; or bits of flannel may be wetted, the conductors laid on them, and the flannel applied one bit at each side of the uterus on the abdominal wall.

In the second stage, or that of exit of the child from the womb and passages, are employed—Ergot of Rye (1-5). For living children, at the full time, it is to be used only on the following conditions:—If there is no observable obstacle to delivery, and no narrowness of the pelvis, no deep malposition of the head, no resistance about the pelvic outlet, no narrowing, no face presentation or crossbirth; when there is no dangerous complaint to be found in the mother, such as heart-disease, pulmonary disease, or any general affection; a tendency to convulsion, uterine cramp, perimetritis or morbid growths; when the mouth of the womb is so wide that delivery seems practicable in from half-an hour to an hour after the ergot has been given; and if the pulse be felt every five minutes. The efficacy of borax (6) in urging on the pains has been very properly questioned. Like other narcotics, extract of *Cannabis Indica* (7) can increase the movement of the uterus only indirectly. English physicians ascribe to quinine in large doses (gr. x.-xv.) an influence in bringing on

* This may be managed either by a siphon arrangement, a perforated hemisphere of lead being fitted at the distal, and any vaginal (&c.) nozzle at the proximal end of a yard or two of tubing (Scanzoni), which connects an elevated basin of water with the vagina of the patient; or by an apparatus like a Richardson's spray producer, conveying water instead of air (Harley's translation of Scanzoni); or by a syringe such as Barnes's.

pains. Braun recommends the kneading* of the womb through the abdominal walls only at a stage when a happy termination to the labour is to be expected after a few contractions. The *cataplasmes échauffants* [pain-exciting cataplasms], consisting of linen, several times folded, steeped in cold water and wrung out, then laid over the abdomen, covered with a dry woollen cloth and left till dry, are employed with good effect, both in the second (exit) and in the third (afterbirth) period of labour. Ethereal substances—alcohol, Hoffman's *balsamum vitæ*,† ethereal oils, eau de cologne, &c., dropped on the abdomen, may also arouse reflex movements in the uterus. Sucking the nipples is another thing that increases the activity of the pains, especially when there is hemiparesis‡ of the uterus.

In the third or afterbirth-stage, hæmorrhage is what we have to resist. This is stayed by kneading* the womb, in consequence of which the coagula of blood are pushed out, its volume is diminished, and it is made more capable of contraction. If this grasping has not the desired result, Braun teaches that the coagula and the placenta should be removed by introducing the hand well oiled; at which juncture, too, if there be little loss of blood and moderate contraction of the womb, cold injections into the umbilical vein may be employed, viz., by cutting through the cord, introducing a quill or a syringe-nozzle of bone into the vein, making it fast, and injecting cold water with a syringe. Cold injections into the cavity of the womb are more suited

* "*Das Massiren des Uterus*" is "not to be confounded with the so-called abdominal friction; the former consists in stretching the abdominal wall over the base of the uterus with the fingers of one hand, and making a kneading action with them alternately till the womb gets hard, then stopping, and, after a longer or shorter interval, beginning again."—BRAUN, *Lehrbuch der Geburtshilfe*.

† Consists of ℥j. each of the oils of cinnamon, cloves, lemon, lavender, and nutmegs; ℥ss. each of ambergris, oil of rue, and oil of amber; ℥j. of balsam of Peru, and ℥x. of rectified spirit.—BEASLEY *Pocket Formulary*.

‡ Incomplete loss of power.

to the end in view ; the patient lies on her back over a bed-pan ; two fingers are introduced through the internal os, and between them a long elastic uterus-tube is pushed so far into the cavity that its outer end is at the labia pudendi ; a syringe filled with cold water is then applied to the tube, and the water is injected with some little force into the womb. Other means employed to stop bleeding are—injections of diluted vinegar, ergot (5), chloride of iron (8), alum (9), and other astringents, as well as the introduction of little bits of ice into the cavity of the uterus. Compression of the abdominal aorta through the abdominal wall upon the spine is recommended by Braun in case of profuse bleeding. Tamponing the vagina, and introduction into it of the colpeurynter,* filled with ice-cold water, is used by Braun only in cases of very violent bleeding with hemiparesis, and he at the same time employs grasping the womb. The internal use of ergot may prevent the return of moderate bleeding in the first hours of a confinement, but can hardly check a vigorous discharge. After the hæmorrhage has been stayed, the patient must be laid flat, with her legs stretched out together, and kept at rest ; she must not be too warmly clad. When there is anæmia, strong beef-tea or egg-soup,† wine-soup,‡ a little wine (Menes, Ruster, Tokay, &c.), oil of cinnamon (10),

* Braun's colpeurynter (κολπος, a hollow, ἐφύωνω, I distend) consists of a sac of vulcanised indiarubber, 2 to 4 inches in diameter, and a caoutchouc tube 4 inches long and half an inch thick, lined with horn, at the end of which are a brass pipette and a ring for confining a silk ribbon. When the instrument is to be used, the empty indiarubber bag is rolled together longwise, oiled, and introduced ; cold or warm water is injected into it with a syringe or enema apparatus, but only so much as to moderately distend the walls. The capacity of the instrument must therefore have been ascertained before introducing it. The walls of the vagina must not be quickly or too vigorously distended, so as to cause pain. The whole instrument is fixed in its position by binding a silk ribbon to the ring and round one thigh or round the hips. When this tampon is to be removed, the cock is first opened, and the caoutchouc bag is withdrawn after the escape of the fluid.—*Author's note.*

† Meat-soup, with yolk of egg.—Dr DILLNBERGER.

‡ See note p. 1.

tincture of cinnamon, ethereal tincture of the acetate of iron, &c., are indicated. If the patient faints, various smelling substances are required—acetic acid, acetic ether, ammonia, &c. When there is anæmia to the greatest possible extent, transfusion is recommended; and some, too, have carried it out successfully. In order to provide against the return of the hæmorrhage, the hardness of the uterus must be repeatedly ascertained by laying the hand on it, and, as an additional means, ergotin (12, 68) should be prescribed.

Metriperçinesis—Excessive Activity of the Pains.

Among all the means for mitigating excess of pains, chloroform inhalations play the most important part, being the best means of preventing too rapid delivery. Local anæsthesia, with chloroform or any other preparation of ether, is less beneficial. Among the narcotics opium and its preparations (13–15), and *Aqua Laurocerasi* are the most useful. Belladonna (16), too, is recommended by some. General warm baths, or the uterine douche, may be used with advantage in the first stage; and the application of five or six dry cupping-glasses to the back or loins, works in the same way, by producing local derivation and anæsthesia; while nothing is to be expected from venesection.

1. R Pulv. secalis cornut.,

Pulv. elæosacch. cinnamom.,* āā gr. xxxiv. M.

Divide in dos. equales vj.

Sig. One powder every five minutes.

2. R Secalis cornuti, gr. lxviij.

Infunde q.s. aquæ fervent.

Colaturæ, ℥iv.

adde

Syrupi cinnamom. ℥ss.

[Vel Syrupi zingiberis, ℥ij.]

Sig. One tablespoonful every quarter, to one hour.

* Elæosaccharum cinnamomi. Oil of cinnamon, one drop; refined sugar, gr. xxx. Triturate in a mortar till perfectly mixed.—*Ph. Aust.* So for other oils, as of fennel, lemon, &c.

3. R Extracti secalis cornuti,* gr. xij.-xx.
Elæosacch. cinnamomi,† ʒij. M.
Ft. pulv. Divide in dos. equales vj.
Sig. One powder every quarter to half hour.
4. R Extracti hæmostat. [ergotæ], gr. xij.-xxij.
Aquæ ribium, ʒj.
[Vel Aquæ cinnamomi]. Solve.
Sig. A teaspoonful every quarter to half hour.
5. R Secalis cornutæ, gr. cxxxvj.-cclxxij. (ʒij.-ʒivss.)
Fiat lege artis infusum; colantur, ʒviij.
Sig. For two enemata, or for injections.
6. R Boracis venal.,
Elæosacchari cinnamomi,‡ āā gr. xxxiv. M.
Ft. pulv. Divide in dos. equales vj.
Sig. One powder every quarter of an hour to two hours.
7. R Emulsion. [misturæ] amygdal., ʒij.
Extracti cannabis ind., gr. iv.-viij. Solve.
Sig. To be taken by teaspoonfuls.
8. R Ol. martis, § ʒij.-ʒiij.
Aquæ fontanæ, fʒxv. M.
Sig. For injections.
9. R Aluminis crudi, gr. cxxxvj.-cclxxij. (ʒij.-ʒivss.)
Aquæ fontan., fʒxv. Solve.
Sig. For injections.
10. R Ol. cinnamom. ether., gtt. xx.
Etheris sulphur. dep., fʒiij. M.
Sig. Ten to thirty drops.
11. R Tinct. ferr. acet. ether. || ʒij.
Etheris acetici ¶ depur., ʒj. M.
Sig. Ten to thirty drops.

* Ergotin of Bonjean. See ext. ergotæ in BEASLEY's Formulary.

† See last note but one.

‡ See note p. 5.

§ Liquor ferri perchloridi.

|| Take ʒvj. of liquor ferri sesquichloridi, precipitate the iron oxide with ammonia, and dissolve in strong acetic acid (ʒviij.) This makes liquor ferri acetatis (Prussian Ph.). For tr. ferr. acet. ether., to 9 parts of the liquor add 1 part of acetic acid and 2 parts of rectified spirit.—BEASLEY.

¶ See NELIGAN on "Medicines." Ammonio-citrate of iron may be substituted for this prescription, but is probably inferior.

12. R Pulv. secal. cornut., gr. vj.-x.
 Pulv. Elæosacch. fœniculi,* ʒij. M.
 Divide in doses equales, vj.
 Sig. A powder every one to two hours.

13. R Laudani puri,† gr. j.-ij.
 Elæosacchari aurantii.‡
 Sacchari albi, āā gr. xxxiv. M.
 Ft. pulv. Divide in dos. equal. viij.
 Sig. One powder every half to one hour.

14. R Morphisæ acetatis, gr. j.
 Sacchari albi, gr. lx. M.
 Ft. pulv. Divide in dos. equales viij.
 Sig. One powder every half to one hour.

15. R Tinct. opii, ʒj.
 Sig. 15-30 drops for an injection.

16. R Extracti, belladonnæ, gr. xiiij.
 Unguenti rosati,§ ʒss. M. exacte.
 Sig. A bit the size of a bean to be rubbed into the os uteri
 every half hour.

ABORTUS—MISCARRIAGE.

The general objects of treatment are to prevent the occurrence of the abortion, and to moderate the flow of blood. Pregnant women, who have already aborted once or oftener, must avoid every bodily and mental strain, take care not to catch cold, and avoid getting overheated; and also avoid coitus. They must have an easily digestible and unstimulating diet, look after the regular and easy evacuation of their bowels, and wear no tight-laced clothes. Blood-letting is in no way indicated, because it excites pains, and pregnancy is easily interrupted by it. In cases where abortion can no longer be prevented, where the os is open, the membranes are ruptured and the waters have escaped, or when parts of the foetus have got into the vagina while the membranes

* Substitute oil of *fennel* in note, page 5.

† Opium.

‡ Substitute oil of *orange-peel* in note, page 5.

§ Cold cream, or Ceratum Galeni.

remain entire, Braun recommends an expectant treatment, provided the bleeding is in moderation and there are no dangerous symptoms. If vigorous hæmorrhage supervenes, or anæmia appears as the consequence of continued hæmorrhage, the treatment is to hasten the abortion, whether the cervix be dilated or not. The best means for this is colpeurysis,* by which the bleeding is stopped at once, and pains, widening of the cervix, and detachment of the decidua or of the placenta, are rapidly brought on. In the third stage of the abortion it is necessary, when there are threatening bleedings, or perilous symptoms, and when the cervix is pervious to the index finger, to detach artificially the foetus or its remains, and bring them out. In order to separate and remove with the hand the ovum, the placenta, or the remains of these and of the decidua, one should, according to Braun, pass the index finger of the right hand through the cervix into the cavity of the womb, pressing that organ downwards with the left hand laid upon the abdomen, encircle the ovum, detach the adhering parts by a circular movement, accomplished with moderate pressure on the uterine walls, extend the finger till it reaches the fundus, bend the last phalanx, and effect removal by drawing out the finger in the shape of a hook, while a rotating motion is communicated to the ovum. When digital extraction is very painful, in consequence of too firm adhesion of the remains of the ovum, when there is spasmodic narrowing of the os internum, when metritis is present, or the abdominal walls are very tender, this measure is rendered easier of accomplishment by the administration of chloroform to a mild extent. In the later months the removal of the ovum may be effected by the introduction of two fingers, the foetal remains being grasped between them. Cold water or medicated injections into the cavity of the womb, with a view to expelling the ovum or the retained placenta, must be undertaken with the greatest caution. When the

* Colpeurysis—employment of the colpeurynter (see note, p. 4).

remains of the placenta are retained, when there is partial paresis of the uterine tissue, when there are gushes of blood and fungous granulations, Braun recommends repeated cauterisation of the interior of the uterus with lunar caustic, for which purpose Chiari's porte-caustique* is to be used.

CAUTERISATION OF THE MUCOUS MEMBRANE OF THE FEMALE GENITALS.

Cauterisation of the Mucous Membrane of the Vagina.

This proceeding is instituted with crystalline, powdered or fluid caustics. The one solid body used is the lapis infernalis (lunar caustic); a speculum being introduced into the vagina, the part intended streaked over with the caustic, and the speculum gradually withdrawn. In order to make the cauterising painless, neutralisation should in some way be carried out just after the operation;† and then, for ten to fifteen minutes, injections of lukewarm water may be thrown up, and tampon-balls of wadding introduced through the speculum and left for some time. The caustic must not be applied too often, but at intervals of some days.—Caustic powders are applied to the vagina by means of medicated suppositories. From wax, lard, and the appropriate medicaments (alum, tannin, bismuth, zinc and copper preparations, &c.), a soft mass is ordered to be formed, and two or three such masses are to be put in the vagina daily.—Cauterising with fluids is managed by introducing a speculum while the patient lies on her side (so that the point of the instrument may be rather lower than the base), and then sending in a solution, more or less strong, of sulphate of zinc, copper, tannin, nitrate of silver, &c., and drawing out the speculum in order to saturate the walls of the vagina equally in all directions with the fluid. When the fluid injected is very concentrated, neutralisation of

* See p. 10, foot.

† *E.g.*, with chloride of sodium.

it, or injections of lukewarm water, must be instituted after its introduction.

Cauterisation of the Vaginal part of the Womb.

When this proceeding is conducted by means of solid caustic, a common caustic-carrier may be used for the purpose. Caustics in the shape of powder are scattered on a sponge or on a plug of cotton-wool, and are brought in contact with the portio vaginalis through the speculum ; some plain cotton-wool plugs are then introduced. Fluid caustic is applied in the same way as for the vagina, only the speculum must be carried far into the vagina, and but a small quantity of the fluid must be injected. When the parts have been thoroughly wetted with the liquid for several seconds, this must be wiped up carefully with a bit of cotton-wool or of charpie, the speculum drawn back a little way, the caustic fluid dried up on all sides, a plug introduced, and the speculum withdrawn. The acid nitrate of mercury (liquor hydrargyri nitratis acidus) and tincture of iodine are best applied with a mop bearing charpie or lint, or with a camels'-hair pencil, because they cause smart pain when single drops enter the vaginal pouch alone. Besides these things, the actual cautery at glowing heat, and sealing-wax in a melting state, are employed for cauterising the portio vaginalis. A speculum made of horn, ivory, wood, or any other bad conductor of heat, is introduced as far as the part, which is exposed, and brought for one or two seconds in contact with the hot iron, in order to change the morbid growths (pseudoplasms) into a blackish-brown scurf. Melting sealing-wax is employed in this way,—a long stick of sealing-wax is heated, and the diseased parts are touched with the melting end.

Cauterisation of the Mucous Membrane of the Cervix and Womb.

For cauterising the interior of the womb lunar caustic may be used ; and is to be applied with the porte-

caustique of Chiari when the cervix is narrow. This instrument is like a Simpson's sound, with a capsule an inch and half long, and two or three lines in breadth, fixed at its extremity; the capsule is made of platinum, and has ten holes in it. The screw of the capsule is four to five lines long. After two or three grains of the caustic have dropped out of the capsule, the porte-caustique is removed slowly for a distance of three inches out of the uterus, and is then rapidly withdrawn from the vagina, and the latter filled with plugs of cotton wool, dipped in glycerine, oil, or pomade. Fluid caustic is introduced into the uterus by an injection-tube. Braun uses a silver tube of the thickness and length of a male catheter; the small limb is two inches long, and has six to eight windows, and at the (opposite) open end there is a funnel-shaped vertical opening for the purpose of charging the instrument easily with fluids. Having introduced the tube into the uterus to the depth of three inches, Braun uses concentrated solutions of lunar caustic, tannin, perchloride of iron, tincture of iodine, liquor Belostii,* acetic acid, &c.; he prefers this proceeding to swabbing the interior of the uterus with camels'-hair pencils. This method is a safe substitute for the injections into the uterine cavity, which have been given up by accoucheurs on account of the serious misfortunes that often follow their exhibition.

AGALACTIA ET GALACTORRHEA SEU POLYGALACTIA—LACK OF MILK AND EXCESS OF MILK.

Agalactia—Lack of Milk.

In most cases the causes of lack of milk are disturbances of the digestive functions, and deficient assimilation, scanty meals or sour food containing vegetable matters, former lesions of the breast glands, the advent of acute or chronic maladies, and advanced age. An increase in the quantity of milk secreted may be brought

* Liquor hydrargyri nitratis acid.

about by putting the child to the breast early and at regular intervals, by very nourishing food containing starch, butter, and sugar (milk, rice, sago, groats, eggs, meat, beer), by curing diarrhoeas, and by giving up blood-letting during pregnancy. Some say they have observed an increased secretion of milk after using fennel or anise seeds, dill (17, 18), &c., and also from the use of an induction-current. If the lack of milk depends on incomplete development of the milk-glands, every attempt at remedy is useless. Emotional affections have a decided influence on the quantity of the secretion of milk. Chronic states of mental depression may diminish the amount of milk to a notable extent, and change its quality (by depriving it of the solid constituents). Menstruation has generally no effect on the flow of milk during the first six months, but during the second six months the quantity of milk is usually, in this case, smaller.

Galactorrhœa—Excess of Milk.

Everything that encourages the flow of milk is to be strictly avoided. The diet must be unstimulating and poor. The laxatives recommended are the sulphuric acid salts, sulphates of magnesia, potash, and soda (19–21), electuarium lenitivum (confectio sennæ), effervescing lemonade, and castor oil. Keeping the breasts cool, and washing them with cold water sometimes prove useful measures. When there is decided engorgement of the breast, and when painful milk-tumours are present, the breasts must be equally and continuously compressed, in order to evacuate the milk more quickly and completely; for this purpose long towels are used, or bandages three inches broad, by which the breasts are equally raised, and are pressed to the thorax. To get complete and uniform compression, there may be used, in addition, circular cushions of caoutchouc filled with air. Among the different contrivances for evacuating the milk, caoutchouc suction-capsules (self-acting cupping glasses) are the best. A saturated solution of camphor in glycerine is also recommended for keeping down the

secretion of milk, this to be rubbed several times a day with a bit of flannel on the surface of the mammæ.

17. R Pulv. semin. fœniculi vulg.,
Pulv. semin. anisi, āā gr. lxviij.
Sacch. albi, gr. cxxxvj. M.

Sig. As much as the point of a knife will hold to be taken three to five times a day.

18. R Seminum anisi.,
Herbæ anethi, āā gr. cxxxvj.
Rad. fœniculi vulgar.,
Rad. glycyrrhiz., āā gr. cclxxij.
Concide et misce.

Sig. For tea.

19. R Magnesiæ sulphat., gr. cclxxij. (℥ivss.)
Acidi sulphur. dil. pur., ℥ss.
Aquæ rubi idæi, ℥iv.
[Vel Infusi rosæ acid., ℥iv.] Solve.

Sig. One to two tablespoonfuls in a glass of fresh water three times a day.

20. R Potassæ sulphatis, ℥ss.
Acidi sulphurici dilut., ℥x.
Aquæ rosæ, ℥iv.*

Sig. Two tablespoonfuls two to four times a day.

21. R Sodæ sulphat. crystallini, ℥ss.
Aquæ destillatæ, ℥iv.
Syrupi Limonis, ℥ss. M.

Sig. As the last.

AMENORRHŒA, DYSMENORRHŒA, ET MENORRHAGIA—DEFICIENT, TROUBLESOME, AND EXCESSIVE MENSTRUATION.

Amenorrhœa—Deficient Menstruation.

Treatment demands the removal of those errors and lesions which lie at the bottom of the malady. If the cause of the Amenorrhœa consists in some anomaly of the sexual organs, congenital or acquired, and such as cannot be remedied, or in some other irremediable

* In the original thus :—

Potass sulphat. ℥ss ; Aquæ ribium, ℥iv. ; Syrupi rubi idæi, ℥ss.
The above is modified from Neligan.

malady, treatment, of whatever sort, is useless. If menstruation has been already established, the physician must convince himself by a careful examination whether or not pregnancy is the cause of the cessation of the periods. Internally are used:—aloes (22–24), myrrh (23–24), savine (25–28), crocus (24, 28, 29), and borax (29); more seldom herb millefoil, *Genista Spiræa ulmaria*, leaves of *Diosma crenata*, &c. Amenorrhœa is often more certain to be cured by putting an end to serous or bloody discharges from various organs, by treating for an improved condition of the blood with good nourishment and a corresponding regimen, with iron (38–40, 93), preparations of cinchona (36, 37, 65), cold washing, &c., than by the employment of emmenagogues without any plan. For outward application the following are useful: warm uterus-douche, brushing the mouth of the womb with tincture of iodine, leeches to the portio vaginalis uteri,* to the labia pudendi, to the inner sides of the thighs, or to the perinæum, dry cuppings and mustard poultices to the inner sides of the thighs, warm stimulating footbaths with mustard, sand,† potash, or aqua regia, warm sitzbaths or half-baths; baths at Ems, Pyrawarth, Schlangenbad, Laudeck, Neuhaus, Szliács, &c. ‡ In many girls marriage is the first thing that regulates the menstruation.

Dysmenorrhœa—Troublesome Menstruation.

Except as regards getting rid of their causes, cases of this affection require various treatments according to

* The mouth of the womb is got into the end of a common speculum, and washed by injections of lukewarm water or wiped with a mop of charpie or cotton wool; the leeches are put into the speculum in company, and its open end is stopped with bits of linen. Then bleeding is promoted by injections of warm water, and is brought to a close by cauterizing with lunar caustic.—*Author's note.*

† As at Dresden, &c.

‡ The principal of these are *Ems*, alkaline, gaseous (H_2CO_3), saline; and *Schlangenbad*, lukewarm ($80^\circ\text{--}90^\circ\text{ F.}$), and slightly saline.—See GLOVER on *Mineral waters*.

their varying character. When there is evident hyperæmia of the womb, several leeches to the portio vaginalis uteri or to the insides of the thighs, warm, soft poultices, or injections of lukewarm water, are very beneficial. When the dysmenorrhœa is of nervous origin, some advantage is derivable from the application of warmth, warm baths, mustard poultices, or dry cuppings applied to the loins and thighs; and internally from narcotics, especially opium (30, 33), morphia (31, 32), and Aqua Laurocerasi (32).

Menorrhagia—Excessive Menstruation.

The same treatment is to be employed as in cases of hæmorrhage from the womb.

22. R Pulv. aloes lucid. [capens.], gr. lxviiij.
 Mass. Pil. Rufi [aloes c. myrrh.], gr. xxxiv.
 Extracti glycyrrhiz. q.s. ut ft. pil. 60.
 Consperge pulv. cort. cinnamom.

Sig. Two to four pills two to three times a-day.

23. R Extracti aloes aquos, gr. xxxiv.
 Pulv. myrrhæ, gr. lxviiij.
 Extracti Tarax. q.s. ut ft. pil. 60.
 Consperge pulv. rad. Iridis Florent.*

Sig. Two to five pills two to three times a-day.

24. R Pulv. aloes socotr.,
 Pulv. myrrhæ, āā gr. lxviiij.
 Croci sativi, gr. xxxiv.
 Extracti [glycyrrhizæ]† q.s. ut ft. pil. 90.
 Consperge pulv. sem. fœniculi.

Sig. Four to six pills twice a-day.

25. R Pulv. frond. sabinæ,
 Sacchari albi, āā gr. xxxiv.
 Ol. menth. pip., gtt. iiij. M.

Divide in dos. æqual. sex.

Sig. One powder three times a-day.

* Orris root, used for its pleasant odour.—PEREIRA.

† "Extracti graminis" in the original.

26. R Frond. sabin. contus., gr. lxviij.-cxxxvj.
 Infunde suff. quant. aq. fervent. pro $\frac{1}{2}$ hor.
 Colaturæ, ℥iv.
 adde
 Tinct. myrrhæ, ℥j.
 Syrupi aurantii cort., ℥ss.
 Sig. To be used in one day.
27. R Olei sabinæ, gtt. vj.-xij.
 Sacchari albi, gr. lx. M.
 Divide in doses equales sex.
 Put on waxed paper.
 Sig. One powder two to three times a-day.
28. R Pulv. frond. sabinæ, gr. lxviij.
 Crocī sativi, gr. xxiij.
 Olei sabinæ, gtt. viij.
 Extracti gentianæ q.s. ut ft. pil. 60.
 Consperge pulv. [glycyrrhizæ].
 Sig. Three to five pills two to three times daily.
29. R Boracis venalis, gr. xxxiv.
 Crocī sativi, gr. xiiij.
 Elæosacch.* menth. pip., gr. xxiij. M.
 Divide in doses equales sex.
 Sig. One powder three times a-day.
30. R Opi purii, gr. j.
 Elæosacch.* anthemidis,
 Sacchari albi, āā gr. xxxiv. M.
 Divide in dos. equales sex.
 Sig. One powder every two to four hours.
31. R Morphię acetatis, gr. j.
 Sacchari albi, gr. lx. M.
 Ft. pulv.
 Divide in dos. equal viij.
 Sig. One powder every two to four hours.
32. R Aquæ Laurocerasi, ℥i.
 Acetatis morphię, gr. ss. Solve.
 Keep in a dark-coloured bottle.
 Sig. Twenty to thirty drops every two hours.

* See note, page 5.

3℥. R Infusi anthemidis flor., ℥iv.

Tinct. opii, * m_{xxx}.

Syrup menth. pip., † ℥ss. M.

Sig. One to two tablespoonfuls every one to two hours.

ATRESIA ET STENOSIS UTERI ET VAGINÆ—CLOSURE AND NARROWNESS OF THE UTERUS AND VAGINA.

Atresia Uteri.

In case of atresia of the womb the natural passage must be opened up, and the artificial opening be kept patent. The operation is performed with a trocar, with the uterus-sound, or with a catheter, according to the thickness of the occluding tissue; the dilatation, by introducing metal bougies, by sponge tents, or by a uterotomy. If, during labour, atresia of the os externum is observed, Braun teaches that in every case of displacement of the os from the proper axis of the pelvis, or of conjecturally closed os, nothing should be done as long as the portio vaginalis uteri has not dwindled and disappeared. When this comes to pass, the patient is to be laid on her side, in order to alleviate the sharpness of the pains; and their effect is to be awaited for several hours. If they are too strong and urgent, lukewarm injections into the vagina will have a soothing effect; and the warm uterus-douche‡ also causes a stretching of the opposing membrane and dilatation of the os uteri. Mechanical opening up of a thickish membrane, arising in pregnancy, is brought about in nearly all cases by the pressure of the finger in examining during a pain, and therefore Braun thinks it unnecessary to pierce the membrane with a uterine sound. Laying open the mouth of the uterus by incision—a proceeding apt to cause bleeding—or the perilous crucial

* The strength of Austrian tinct. opii is to that of the English preparation approximately as three to two. This is allowed for in the prescriptions.

† Aqua menth. pip. 1 part; pure sugar 2 parts, by weight.

‡ See note, p. 2.

incision of the anterior vault of the vagina is, according to Braun's experience, very seldom indeed required during labour.

Atresia Vaginæ.

When the labia majora and minora have grown together, an operation must be performed as early as possible. The united labia may, in a new-born child, be drawn asunder, and subsequent reunion prevented, by the insertion into the vulva of linen cloths dipped in oil. If this proceeding is not effectual, a probe may be used to separate the labia. In older children, a bistoury must be employed. During pregnancy, however, a closure of some duration must not be interfered with, because abortion might easily result. The part of the embryo that presses downwards usually effects distention of the atresia during labour. When the process is long and painful, relief may be got from the warm uterine-douche or from injections. If the vaginal constriction is pressed down to the vulva by the descending foetus, or if the constriction is hard, like a cicatrix, lateral shallow incisions must be made with a bistoury.

For atresia hymenalis [closure of the vagina by the hymeneal membrane], the hymen must be incised with a probe-pointed bistoury, or with a pointed scalpel run along a grooved director. When there is considerable thickness of the hymen, several small shallow crucial incisions are sometimes required.

CARCINOMA MAMMÆ—CANCER OF THE BREAST.

The medical treatment can only be directed to withstanding the troublesome symptoms. The great number of the so-called specific remedies for cancer, such as arsenic, mercury, preparations of iodine, chlorine and bromine, alum, animal charcoal, conium, the harmless calendula, &c., &c., are some of them ineffectual, and others too virulent, reducing still further the consti-

tution of the patient. Among drugs, silicin deserves to be preferred, since it can be taken for years without in any way injuring the bodily health. For the most part, however, no benefit results. Before the cancer and the skin have begun to grow together, recourse may be had (with due regard to the constitution of the patient and the urgency of the complaint) to local blood-letting, and to dispersing ointments and plasters, as iodide of potassium ointment (35*), soap plaster, &c. By the use of tonics internally, try to maintain or improve the general condition. The means for that purpose are a nourishing diet, including beer or wine, cinchona (36, 65), quinine (37, 40), or iron (38-40). Pain and sleeplessness may be relieved by narcotics, especially morphia and opium (13, 14, 32). When there is ulceration, poultices of chamomile, simple ointment, lead ointment, lead lotion, solutions of alum (9) and tannin (45), decoction of cinchona, &c., are prescribed. Removal of the cancerous growth is effected either by the cautery, by the knife, or by galvano-caustic apparatus. The caustics are to be employed only for patients who fear the knife, and only in those cases in which the cancer appears as a cutaneous growth, or at least is situated just under the skin, and has spread out most surface-wise. A rather large number of different substances may be quoted for this purpose, such as arsenic, chloride of zinc, bromic chloride, chloride of antimony, and chloride of gold. Operative relief with a galvano-caustic instrument, or with the knife, is in every way to be preferred.

34. *R.* Silicini, gr. xij.-xvij.

Sacchari albi, gr. lx. *M.*

Ft. pulv. Divide in partes eq. sex.

Sig. One powder two to four times a day.

35. *R.* Unguenti potassii iodidi, \mathfrak{z} ss.

Sig. To be used externally.

* Or Br. Ph.

42. \mathcal{R} Zinci muriatis, partem unam.
 Farin. secal., partes duas. \mathcal{M} .
 Ft. pasta. Sig. Canquoin's paste.
43. \mathcal{R} Bromi chloridi, gr. cxx.
 Zinci chloridi, gr. c.
 Butyr. antimon.,* gr. lxviiij.
 Pulv. rad. liquirit.,† q.s. ut. ft. pasta.
 Sig. Spread on linen, and cover the diseased part with it.
44. \mathcal{R} Chloridi zinci,
 Chloridi bromi,
 Chloridi auri,
 Butyr. antimonii,* āā gr. xx.
 Farinæ hordei prep. q.s. ut. ft. pasta.
 Sig. Landolfian paste.

CARCINOMA UTERI—CANCER OF THE WOMB.

Seeing that, unhappily, no benefit is to be expected from any of the oft-recommended remedies for cancer of the breast, just alluded to, the treatment must, in all cases where entire removal of the morbid growth appears impossible, be directed towards the symptoms. In the first stages of the malady, when there is much determination of blood towards the pelvic viscera, a few leeches may be applied to the portio vaginalis uteri, or to the labia pudendi, and cold sitz-baths may be ordered. Every circumstance tending to produce congestion, such as bodily or mental strain, sexual enjoyment, and all irritating and indigestible articles of food, are to be strictly avoided. The general condition of the patient must be kept up or improved by a sensible, easily-digestible, and strengthening diet, and by the administration of iron and quinine (36-40, 65). On the occurrence of hæmorrhage to a mild extent, the things that are required in addition to a quiet, supine posture, and the administration of acid drinks (50-56), are injections of cold water, or of acid solutions of iron salts (8), of alum (9), or tannin (45), and tamponing; when

* Butyrum antimonii is the tersulphide.

† Liquiritia is our glycyrrhiza.

the bleeding is more vigorous, brush with acetic acid, inject solution of caustic potash (46), or cauterise with caustic potash, with the galvano-caustic porcelain burner, or with the actual cautery. Injections containing chloride of lime are the proper remedy for fetid discharges, along with strict cleanliness. For the various accompanying pains, and for the sleeplessness that they occasion, opiates, and especially morphia and opium, are given both internally (13, 14, 32) and externally (15, 48, 49). For nausea, retching, or actual vomiting, the following remedies are useful:—Aqua Laurocerasi with morphia (32), small lumps of ice, iced soda water, soda water [proper], River's drink,* chloroform with orange flower water; retention of urine requires the catheter; habitual constipation—laxative injections or mild aperients; diarrhoea—mucilaginous drinks, opiates, and astringents.

Medullary and epithelial cancerous tumours often grow in cauliflower fashion from the vaginal portion of the womb, to which they are attached by a broad neck, and in this case they are removable by operation, if the degenerative process has not extended to the higher parts of the cervix or to the vaginal vault. In case of such carcinomas as cannot be removed by a cutting instrument, by the galvano-caustic loop, or by the *écraseur*, and yet demand operative interference on account of the youth or the still robust appearance of the patient, or where energetic treatment is required for the unbearably fetid discharge or for the frequent and copious bleedings, the destruction of the morbid product, either with the actual cautery or with the galvano-caustic porcelain burner, or with caustics, especially caustic potash, Vienna paste [Potassa cum calce], and chloride of zinc paste, is the proceeding adopted by Schuh. When, however, any one of these caustics is employed, the diseased tissues must be as much as possible freed from adhering

* Potio Riveri consists of 1 drachm of pure carbonate of potash, $1\frac{1}{2}$ oz. of fresh lemon juice, and $1\frac{1}{2}$ oz. of cold distilled water, with 3 drachms of syrup.—Dr DILLNBERGER. It is our *saline mixture*.

fluids, and the healthy parts around must be protected from the caustic action. The application of heat is managed through a speculum of wood introduced into the vagina; then the vagina is washed out with cold water, and a piece of charpie is passed in. Lunar caustic is several times worked into the cancerous tissue in a boring fashion, and allowed to act on each part for about a minute; then the vagina is injected several times, or sitz-baths are ordered. Vienna paste is spread on linen to the thickness of about three lines, and applied to the morbid tissues through a speculum. Chloride of zinc paste is also spread on linen to a thickness of about three lines, the linen is cut into small pieces, and these are applied with a long polyp-forceps or a wooden stick to the affected part (which must have been well dried) through the speculum. To limit the action upon the diseased part, and to protect the sound tissues as much as possible from the effects of the caustic, a dossil of charpie [or of cotton-wool] should be applied to the vagina and to the carcinoma before and after the operation, the whole speculum being in fact filled with charpie, and this gently pressed into the vagina. After two days the charpie may be removed from the vagina, and the parts cleansed by injections and sitz-baths. The severe pain that arises after the chloride of zinc cauterisation most of all, is relieved by a few doses of morphia or opium, or by subcutaneous injection.* If radical cure is wished from cauterisation, the caustic must be applied again and again after separation of the slough.

* For the injection is used the syringe of Pravaz, a glass instrument about $1\frac{1}{2}$ inch long and 5 lines in diameter, which has a piston working hermetically, and capable of being moved backwards and forwards by a silver rod bearing a screw-thread. When this rod makes a half turn, one drop is injected thereby. The proximal end of the syringe is of silver, and is screwed into a silver canula (hollow needle), which is very thin, and whose extremity is very slightly bent; the opening is situated beneath the sharp point, and consists of a lateral cleft, so that the point of the canula can be thrust into the subcutaneous tissue after the manner of a needle without making such a wound as a trocar does.—*Author's note.*

Removal of the portio vaginalis uteri can be accomplished either with scalpel and scissors, or by means of galvano-caustic apparatus, or of the *écraseur*. In any case, the rectum must be emptied by an injection, and the vagina washed out. Removal of the disease with cutting instruments is easier the more the uterus can be drawn down, and the more the disease is limited to the lowest part of the portio vaginalis; the hæmorrhage, which is generally slight, is subdued by cold water injections, tamponing with charpie [or lint], or by pressing little balls of charpie against the cleansed lips of the wound, these balls having been first dipped in a solution of perchloride of iron.

When extirpation by the galvano-caustic loop* or the *écraseur* is the method adopted, a loop is thrown over the diseased part, the tissues are drawn together by this, and in this state are sundered. Bleeding may the less be expected, the more slowly tightening of the loop is effected, the less the degree of red heat and the blunter and broader the noose-chain. If there be no bleeding, one merely puts some charpie [or lint] in the vagina. When bleeding comes on, injections of cold water, plugging the vagina, &c., may be instituted, if no folds of peritoneum have been dragged down, and the peritoneal sac has not been opened. In the opposite case, however, the womb must be compressed, both from the outside above the pubes, and from beneath through the vagina. As part of the after-treatment, the parts must be carefully kept clean by means of injections and sitz-baths.

The treatment of carcinoma during pregnancy must be limited to the preservation of cleanliness and to contending with the troublesome symptoms, since a radical cure by extirpation can hardly be attained at this time. Severe pain must be lessened by opiates, poorness of blood and cachexia by a proper diet and by ferruginous

* A wire heated to red or white heat by the passage of a galvanic current generated in a connected battery;—used like the loop of an *écraseur*.

drugs (36-40), and extensive bleeding and discharge may be kept within bounds by laying little bits of ice in the vagina, or by charpie dipped in a weak solution of perchloride of iron. If after incisions into the cancerous os uteri the parturition still lingers, the extraction of the living child with the forceps, under chloroform, must be the next step. Kiwisch preferred the production of abortion in the beginning of pregnancy, but this is not approved of by Braun, Veit, &c.

45. R Tannin., gr. xxx.-ccxxxvj.
Aquæ destillat., f℥xv. Solve.

Sig. For injections.

46. R Nitratis argenti fusi, gr. xxx.-ccxxxvj.
Aquæ destillatæ, f℥xv. Solve.

Put in a bottle covered with dark paper.

Sig. As the last.

47. R Calcis chloratæ, gr. lxviij.-cclxxij. (℥ivss.
Aquæ fontanæ, f℥xv. M.

Sig. For injections.

48. R Butyri cacao, ℥j.
Extracti opii, gr. ix.
Ft. lege artis suppositoria, nro. iv.

Put in waxed paper.

Sig. Suppositories.

- 49.* R Butyri cacao, gr. cclx.
Morphiæ acetatis, gr. vj.-xiv. M.
Ft. lege artis suppositoria, nro. vj.

Put in waxed paper.

Sig. Morphia suppositories.

CARCINOMA VAGINÆ—CANCER OF THE VAGINA.

The treatment must be directed to the symptoms, in accordance with the principles already laid down under the head of mammary cancer. Operative interference is

* These have *one to two and one-third grs.* of the acetate each. The suppositories of the hydrochlorate (Br. Ph.) have *one-quarter gr.* each of that salt, and are therefore weaker than the above.

to be adopted whenever practicable, both in cases of first attack and in cases of recurrence.

CATARRHUS ET BLENNORRHOEA UTERI ET VAGINÆ. LEUCORRHOEA. FLUOR ALBUS—"WHITES."

Acute catarrh, both the innocent variety and that which follows intercourse (gonorrhœa), requires acidulous drinks (50-56), when feverishness accompanies it; cooling aperients, when there is a tendency to constipation, *e.g.*, cream of tartar (57, 58), neutral potassic tartrate (59), Rochelle salts (60), phosphate of soda (61), sulphate of magnesia (19), sulphate of potash (20, 58), sulphate of soda (21), &c.; locally, lukewarm injections and warm poultices. The patient must keep quiet, and avoid excesses, as well as heating or spirituous drinks. If the womb is tender to pressure, or notably swelled, a few leeches are indicated, and should be applied to the portio vaginalis uteri, or over the symphysis pubis, or on the inner surface of the thighs. After the inflammatory symptoms have been subdued, the discharge still going on, astringents, as alum (9), tannin (45), sulphate of zinc (62), acetate of lead (63), and nitrate of silver (64), are to be used in the form of injection.

In the treatment of chronic catarrh, what one has to consider first is, whether this is going on in a healthy patient or in one otherwise sickly; and in the last case, whether the other ailment is the cause of the catarrh, or whether they stand to one another in the relation of complications. If another lesion—chlorosis, scrophulosis, heart or lung disease—is at the bottom of the mischief, the treatment must be directed to the cause; but if this other complaint is merely a complication of the catarrh, local treatment, as well as general, is indicated. For internal use, various balsamic and astringent drugs are recommended—balsam of copaiba, of Peru, myrrh, tannin, &c.; but when these remedies do not succeed, the greatest weight must be laid upon the local treatment. In anæmic individuals, tonics, especially quinine

(36, 65) and iron (38-40), are indicated. When there is evident hyperæmia of the uterus, a few leeches must be applied; when there is relaxation, cold injections or cold douche; but if these measures do not gain the end in view, recourse must be had to cauterisation of the neck of the womb with nitrate of silver or sulphate of copper (see Cauterisation of the Mucous Membrane of the Female Genital Passages). If the blennorrhœa has lasted for some time, and the womb has got hypertrophied, one must bring in lukewarm injections or warm uterine douche, waters containing iodine, or baths at Hall, Kreuznach, Krankenheil, Lippik, Zaizon, Iwonicz, Dürkheim, Wildeg, * &c., salt water baths, or sea bathing. If there are flabby granulations present, astringent applications (9, 45, 62-64), or touching with nitrate of silver or sulphate of copper, must be used. In case of callous granulations or ulcers, more decided cauterisation must be practised. When there exist constrictions of the cervix, or collections of mucus in the uterine cavity, the uterine sound must be introduced, and the cavity emptied of its contents. For chronic vaginal blennorrhœa the vaginal tampon of Postelberg† is found useful. When the duration has not been too great, and the discharge is not profuse, dossils of lint steeped in solution of alum, sulphate of zinc, or tannin, of average concentration, such as one to eight, are employed. In cases of leucorrhœa of longer standing, and accompanied by more vigorous secretion, dossils with sesquichloride of iron or nitrate of silver in solutions of the strength of one to twelve, are used. Since a quiet posture evidently contributes to a cure, it is best to introduce the dossil before the patient goes to sleep, and to remove it either in the morning, or, if it cannot be borne so long, in two to six hours.

* The best known to British travellers are *Hall*, saline with iodine; *Kreuznach*, with chlorides and bromides, resembling sea water; and *Krankenheil*, like Hall.—See GLOVER on *Mineral Waters*; also M'PHERSON, *Baths and Wells of Europe*.

† An air (caoutchouc) pessary, supporting a lint (&c.) dressing.
—Dr DILLNBERGER.

Injectations of matico (one part to three parts of distilled water, by weight), and also pads of charpie, or dossils of cotton wool, suspending matico, have been used recently with favourable results.

50. R Succi limonis rec., \mathfrak{z} ij.- \mathfrak{z} ss.

Aquæ fontanæ, *libram*.

Syrupi rubi idæi,* \mathfrak{z} ss.- \mathfrak{z} j. M.

Sig. For drinking.

51. R Acidi citrici, gr. x.-xxij.

Aquæ fontanæ, $\mathfrak{f}\mathfrak{z}$ xv.

Syrupi ribium, \dagger $\mathfrak{f}\mathfrak{z}$ vj. M.

Sig. As the last.

52. R Acidi tartarici, gr. x.-xxij.

Aquæ fontanæ, $\mathfrak{f}\mathfrak{z}$ xv.

Syrupi mori, \dagger $\mathfrak{f}\mathfrak{z}$ vj. M.

Sig. As the last.

53. R Aceti puri, \mathfrak{z} ss.- \mathfrak{z} j.

Aquæ fontanæ, $\mathfrak{f}\mathfrak{z}$ xv.

Syrupi acetositat. cit. [limonis], $\mathfrak{f}\mathfrak{z}$ ij.- $\mathfrak{f}\mathfrak{z}$ vj. M.

Sig. As the last.

54. R Tamarindi, \mathfrak{z} j.

Ft. decoctum libræ unius.

[Acidi sulphurici aromat., \mathfrak{z} j.- \mathfrak{z} ij.]

Syrupi rubi idæi [rosarum, &c.], \mathfrak{z} ss.- \mathfrak{z} j. M.

Sig. As the last.

55. R Acidi sulphurici aromat., \mathfrak{z} ij.

Syrupi rubi idæi, \mathfrak{z} j. M.

Sig. One to two teaspoonfuls in a glass of water.

* Syrup of raspberry. Use syrup of orange flower water, or of roses. See also next note.

† The syrups of raspberry and currant are made according to the Austrian Pharmacopœia in the same way as that of mulberries (mori), viz., thus :—Take of recent mulberry fruit, 3000 grammes, reduce to a pulp, and add of sugar, 200 grammes. Let them stand for some days until vinous fermentation is completed, then express through a linen bag and boil. Take of the juice freed from sediment, 100 grammes ; make with sugar, 160 grammes, into syrup at once. —A gramme is $15\frac{1}{2}$ grains.

56. R [Acidi sulphurici aromat., ʒij.]

Aquæ rubi idæi,* *libram*.

Syrupi ribium,† ʒj. M.

Sig. For a drink.

57. R Potassæ tart. acidæ, ʒss.-ʒix.

Coque cum sufficient. quant. aq. font. ad plenam solut.

Colaturæ, *unciarum* v.

adde

Syrupi rubi idæi (rosar. &c.), ʒss. M.

Sig. By tablespoonfuls.

58. R Potassæ tartrat. acid,

Potassæ sulphatis, āā gr. cclxxij. [ʒivss.]

Sacchari albi, ʒj. M.

Ft. pulv.

Sig. By teaspoonfuls.

59. R Potassæ tartratis, ʒivss.

Aquæ ribium [cinnamom. &c.], ʒiv.

Syrupi aurantii cort., ʒss. M.

Sig. By tablespoonfuls.

60. R Sodæ et potassæ tartrat., gr. cclxxij. [ʒivss.]

Aquæ fragariæ,‡ ʒiv.

[Syrupi acidi citrici, ʒss.] M.

Sig. By tablespoonfuls.

61. R Sodæ phosphatis, gr. cclxxij.

Aquæ menth. pip., ʒiv.

[Syrupi sennæ, ʒss.] M.

Sig. By tablespoonfuls.

62. R Sulphatis zinci, gr. x.-xxxiv.

Aquæ destillatæ, *libram*. Solve.

Sig. For external use.

63. R Sol. plumbi acetatis,§ ʒss.-ʒij.

Aquæ destillatæ, *libram*. Solve.

Sig. For external use.

* For Aqua rubi idæi (raspberry water):—Take of ripe raspberries, 400 grammes; of water, 4000 grammes. Distil 2000 grammes.—*Ph. Aust.* A gramme equals 15½ grs.

† For Syrupus ribium, see above.

‡ Aqua fragariæ (BEASLEY). Strawberries, lbij; water, q.s. Distil lbij.

§ Acetate of lead, 1 part; distilled water, 6 parts, by weight.—*Ph. Aust.*

64. R Nitrat. argenti crystall., gr. vj.-xxxij.

Aquæ destillatæ, *libram*. Solve.

Put in a bottle covered with black paper.

Sig. For external use.

65. R Cort. cinchonæ flav. rude tusi, gr. cclxxij.

Coque cum sufficient. quant. aq. fontanæ pro
 $\frac{1}{4}$ horâ.

Colaturæ *unciarum* iv.

adde

Syrupi aurantii cort., \mathfrak{z} ss.

Sig. To be taken by tablespoonfuls.

Diarrhœa—Purging.

The diarrhœa that occurs in pregnant women demands maintenance of warmth and regulation of diet. The quantity of such articles of food as may be allowed, *e.g.*, soup made with rice, sago, groats, or panadel,* beef-tea, preserved sauces, arrow-root, a little red wine, &c., must be inconsiderable, in order to avoid renewal of the contractions of the intestine; injections of salep (66), starch (67), or other enveloping and mucilaginous menstrua, with a few drops of tincture of opium, are very useful. The so-named nervous diarrhœa, occurring in the beginning of pregnancy, needs no special treatment, going away, as it does in most cases, of itself. Atonic diarrhœas, known by the passage of imperfectly digested matters, require the exhibition of tonic and bitter drugs.

66. R Decocti. radic. salepi† spis. con., *libram*

Tincturæ anodynæ, \mathfrak{z} ss. M.

Sig. For injections.

67. R Amyli triturat., gr. cclxxij.

Opii puri, gr. ij.-iv. M.

Divide in dos. equales iv.

Sig. One powder stirred up with boiling water (for an injection).

* Panadel soup is made from fine wheaten bread boiled with water, milk, cream, or bouillon.—SANDERS'S *Wörterbuch*.

† Use Decoct. hordei.

DISLOCATIONES UTERI—CHANGES IN THE SHAPE AND POSITION OF THE WOMB.

(A.) *Anteversio et Retroversio Uteri—Inclinations of the Uterus forwards and backwards.*

ANTEVERSIO.

The treatment of anteversion consists, when we are dealing with the non-pregnant uterus, in removal of the conditions that cause the affection. When there is constipation, it must be got rid of. Women who lace tightly must be forbidden to wear stays. If there is ascites present, let that be attempted to be removed. In case of tumours, especially those situated in the ovaries, and of adhesions, a cure is hardly to be expected. Among mechanical aids the instruments for flexion, the pelvic girdle and the hysterophor of Roser* are recommended. The last is especially indicated when the anteversion is brought about by prolapse of the anterior wall of the vagina. During the first half of the period of pregnancy the evacuations from the bowel and bladder must be attended to, and the patient must lie on her back for a short time before and also during the evacuation of the bladder. In the second half of the same period the distress arising from the pendent belly is relieved by wearing an elastic binder, with shoulder-straps.

RETROVERSIO.

The treatment of retroversion of the uterus may be instituted, according to Braun, in three ways, viz., by imitation of nature's process of cure, by replacement of the uterus, and by artificial abortion, during pregnancy. The imitation of a natural cure consists, if there is not

* The compound instrument consists of a pubic plate with a descending curved arm, moveable by a hinge to right or left. A broad belt encircles the pelvis, and two ribbons complete an ordinary T bandage. The end of the curved arm presses on the superior arch of the vagina.—SCANZONI, &c.

much inconvenience from the lesion, in periodical expulsion of the accumulated urine and fæces, and in diminishing the pressure of the intestines on the uterus. For this purpose fluid stools are got by purgative medicine, the urine being evacuated every two hours with an elastic catheter or by leaving the catheter in the bladder; and a horizontal posture on the back, or, when the patient gets tired of that, on the side, is kept up for some days. This way of treatment may be adopted in cases where the symptoms of incarceration are not too urgent, for several days before the replacement of the uterus is proceeded with. Replacement of the uterus (in the third and fourth months of pregnancy) must be undertaken through the rectum, the patient being under chloroform, and lying on the side, or set on the elbows and knees. The operator introduces two fingers into the rectum, presses them on as far as the promontory of the sacrum with a push (the bladder having already been quite emptied), raises the fundus uteri towards one groin, and, giving it a pendulum-like movement, elevates it over the brim of the pelvis. After that the portio vaginalis usually assumes a vertical position in the axis of the pelvis. In cases where it is in vain sought to replace the uterus with the finger, the colpeurynter* may be used. For retaining in its place the reduced uterus it is enough that the patient lie on her side; but, at the same time, all straining must be avoided, for fear the retroversion be reproduced. If efforts to replace the uterus fail through swelling of the organ, we must order leeches and cold dressings; and after the swelling has subsided, again seek to replace. In order to avoid recurrence of the affection, the patients must remain in bed for a considerable time after replacement has been effected. They must attend to the regular relief of the bladder and bowels, and must not go about in their ordinary way till the sixth month of pregnancy.

In the fifth month of pregnancy, when reduction can no longer be brought about, because the uterus is larger

* See note, p. 4.

and cannot be got over the promontory [of the sacrum], artificial abortion is to be practised, viz., by pushing an elastic catheter into the cavity of the womb. Puncture of the wall of the fundus uteri with a trocar through the posterior wall of the vagina as it bulges forwards towards the vulva, or through the rectum, ought in almost every case, according to Braun, to be unnecessary. The high operation for puncturing the bladder ought to be undertaken only if replacement and artificial abortion have turned out impossible, and perforation of the bladder has happened. The consequent incontinence of urine requires no treatment, because it ceases of itself in a few days.

(B.) *Inflexio et Infractio Uteri*—*Flexions and Doublings of the Uterus.*

For curing uterine flexions the physician uses both mechanical and medicinal remedies. Among the mechanical contrivances elastic bougies and the instrument of Pötsch are recommended. The last consists of a cylinder made after the style of a catheter, and having two hollow, wing-shaped appendages at its lower end for keeping the instrument in the vagina. It is to be used especially in such cases as have not yet a high degree of flexion, where the patient is young, and the mucous membrane of the vagina is not much disposed to bleed. If the uterine flexion is caused by adhesions, it cannot be cured by mechanical means. Recently, in cases of ante flexion, a pelvic belt has been recommended to be worn, while a broad compress on it presses the intestines backwards and upwards.—Such drugs are to be recommended as are calculated to remove the relaxation of the uterus. In the early stages of the affection, and in its milder degrees, this relaxed state may be relieved by astringents (9, 45, 46, 62, 63), cold douche, cauterisation of the canal of the cervix, and by ergot (5). If relief is not afforded in this way, the physician must limit his efforts to treatment of the secondary lesions. For uterine leucorrhœa

astringent injections and cold sitz-baths should be used. If there are ulcers and erosions, caustics are required; if there is uterine colic, the mucus, which in all probability is being retained, must be got out with the uterine sound, and baths and injections containing opium must be ordered. If the uterus is loosened in its attachments, and loaded with blood, periodical local blood-lettings and secale cornutum (68) are indicated. Salt-water baths and iodine preparations serve to relieve obstructions, and preparations of iron (38-40), and baths of the same, counteract the growing anæmia. For hysterical symptoms the usual remedies are to be employed.

68.* R Extracti secal. cornut.,† gr. x.-xvij.

Infusi aurantii, ℥iij.

Mucilagin. gumm. arab., ℥ij.

Syrup. aurantii floris, ℥ss. M.

Sig. One tablespoonful four times a day.

(c.) *Inversio Uteri*—*Inversion of the Womb.*

The treatment of any inversion of the womb, when it has newly and suddenly taken place, consists in immediate replacement. This is carried out by the patient being laid on her back with the hips elevated, narcotised (in order to moderate the constricting action of the os uteri, and also the painfulness of the operation), and either the fundus at once tilted back with the hand kept in the shape of a cone, or, on the other hand, when the inversion is more complete, the reduction begun at the part that has last come down—the cervix, and whatever part of the womb can be got at through the abdominal walls, made fast with the hand that is left free. If the placenta is only slightly, or not at all, separated from the womb, reduction should be effected with the

* In the original, aqua cerasorum nigrorum and syrupus rubi idæi are used. The former is made from black cherries (crushed in the hands and the stones broken in a mortar) lbx., water, q.s.; distil., lbxx.—BEASLEY. The latter is described at p. 28.

† See note, p. 6.

placenta *in statu quo*, and separation of it be brought about only when the uterus is in position, in order to avoid an amount of bleeding dangerous to life. After replacement has been effected, the hand must be kept in the uterus till strong contractions have set in. One may use also cold injections, or introduce an india-rubber bottle filled with cold water, which is reduced in size as soon as contractions of the uterus commence, and at last is expelled altogether.—If replacement is impossible because the uterus is inflamed and thereby enlarged, scarifications should be instituted, leeches applied, or cold dressings laid on, in order to diminish the volume of the organ. Bulging of the uterine wall to a slight degree may be set right by inserting a finger into the rectum. If a part of the inverted uterus is impacted in the os, the latter must be incised. After the failure of repeated attempts at reduction, the procident and inverted womb must be supported with a suspensor, and the uterine hæmorrhage must, as it makes its appearance, be appeased by the application of cold. If replacement is effected, a quiet posture on the side or back must be observed, all vigorous pressure on the belly forbidden, the evacuation of the contents of the rectum and bladder facilitated, and the inflammatory symptoms treated with antiphlogistics.

(D.) *Prolapsus Uteri*—*Prolapse of the Womb*.

The first task is to replace the prolapsed womb, the second to keep the restored organ in its place. If prolapsus has happened suddenly, and replacement would be very painful owing to considerable hyperæmia or inflammation, this last must be removed before replacement, viz., by the patient's lying horizontal in bed for several days, by spare diet, by leeches and cold dressings. For effecting replacement of the prolapsed uterus, the patient, after her bladder and rectum have been emptied, is made to assume a horizontal posture with the hips elevated, and the operator then, with one or two oiled

fingers, pushes back the uterus in the direction of the pelvic axis. In order to keep the uterus back in its normal position, many instruments are recommended; among these the hystero-phores of Roser, Zwank, and Schilling,* and the instrument of Gariel (a gutta percha bladder filled with air), are oftenest used. The selection and application of pessaries always requires a certain amount of care. No pain must be produced by the pessary; it must not permanently change its position through standing, walking, or straining, and every four or six weeks it must be taken out and the vagina cleaned by injections, sitz-baths, &c. Operations that have come into use in prolapsus are Episioraphie† and Elytroraphie,‡ which do not however always accomplish their end.

In the first half of the period of pregnancy, replacement is the indication in every case of complete prolapsus; in obstinate cases the operation is facilitated by the administration of chloroform. After replacement has been effected, the patient must wear an elastic abdominal belt provided with a T bandage, while it is not prudent to use a pessary or to introduce a sponge, as these proceedings are likely to bring on abortion. In case of a complete prolapsus when labour at the full time is going on, the patient must be laid in a horizontal position, bearing down must be forbidden, and the womb must be supported, viz., by the accoucheur making a ring of his thumb and forefinger and pressing that against the os uteri, or by a broad linen cloth being made fast posteriorly to a binder round the abdomen, brought between the thighs, and the free end drawn in an upward direction during the pains, and properly

* These last are instruments constructed on the principle of lateral distension within the vagina, so as to tighten the vault (SCANZONI, &c.) For Roser's instrument, see note, p. 31.

† Episioraphie, *i.e.*, excising edges of labia majora and uniting by sutures; or, as it is euphoniously expressed by a German writer, Dammschamscheidennaht. (KUCHLER, in *Langenbeck's Archiv.*)

‡ Elytroraphie, *i.e.*, cutting out strips of the vagina, and using interrupted suture.

fixed by an assistant. The cloth must be thoroughly wetted with oil where it is in contact with the uterus, and, opposite the os, must have a hole made in it large enough for the fœtus to pass through. This arrangement must be maintained until the child is born, the placenta removed, and the prolapsed uterus reduced. In order to prevent inversion of the uterus, the hand must be introduced and allowed to remain till energetic pains begin. It is seldom that scarifications of the os externum are necessary in order to facilitate the passage of the child. That we may prevent recurrence of the accident, a binder must be ordered to be worn for several months after labour is over, with a broad pad pressing on the abdomen above the pubes so as to support the intestines. If, however, the prolapsus does not improve, cold uterine douche must be employed after the confinement is over, and the pessary of Schwank, which has to be removed during sleep, is to be recommended.

HERNIA UTERI—HYSTEROCELE—UTERINE HERNIA.

The treatment of hysterocele consists in its replacement, and, if this is impossible, in bringing about artificial delivery either by exciting premature labour, or by turning, or by the forceps. In most of the cases hitherto known the forceps had to be used.

ECLAMPSIA GRAVIDARUM, PARTURIENTIUM ET PUERPERARUM—CONVULSIONS OF PREGNANCY, OF LABOUR, AND OF THE PUERPERAL STATE.

The treatment is partly that of the physician, partly of the accoucheur. The great end of the medical treatment is lessening the reflex-excitability and weakening the paroxysms. As a prophylactic measure, venesections are recommended in strong full-blooded women with congestions of the head, œdema of the eyelids and

of the face, or with disturbances of the nervous system ; even after the attack this measure effects a cessation of it, or a longer postponement of its renewal. But if the appearances of congestion do not cease after moderate abstraction of blood, either dressings containing ice, which should be laid upon the forehead, or cold water affusions (the whole upper part of the body being enveloped in a cloth, well wrung out of cold water), or several leeches in the region of the mastoid process, or a cold douche to the head is indicated, while repeated general bleedings are to be avoided because the hydræmia [or watery state of the blood] is increased by them, and the occurrence of puerperal thromboses and of pyæmia is encouraged. The best results have been observed to follow the inhalation of chloroform. This is begun at the moment when the threatening of an outbreak is manifested by a certain restlessness and by spasms of the facial muscles ; the narcosis is to be kept up till the premonitory signs of a paroxysm have subsided and a quiet sleep follows, which is generally the case within a minute. But if it turns out impossible to cut short a paroxysm, the administration of chloroform is not to be kept up during the convulsion nor during the comatose period following ; this in order that a sufficient quantity of fresh air may reach the lungs. The number of women who succumb to convulsive attacks is strikingly smaller now, when chloroform is used, than it was at the time when men thought they possessed, in abstraction of blood alone, the remedy for the evil. Little is to be expected from mustard poultices, blisters, and hot foot and hand baths, because they produce their effect too slowly. Purgatives, and stimulant purgative injections, may diminish the congestive symptoms. Washing the skin with lukewarm vinegar may increase diaphoresis. In the intervals of the attacks are given—benzoin (69), lemon juice, or a solution of tartaric acid (a tablespoonful at a time), with iced water. The employment of narcotics, and especially of opium (70) and morphia (71), by the mouth,

the rectum, and by subcutaneous injection, is to be recommended if consciousness has returned, if chloroform and acids have not a sufficiently rapid and lasting effect, if the delivery is over, and the convulsive attacks still visit the patient. If the administration of drugs by the mouth is impossible from continued trismus, fifteen to twenty drops of laudanum should be given every hour by enema, till the convulsions cease or sleep comes on. Emetics, and especially tartarated antimony, were recommended by some physicians; the accoucheurs of the present day, however, give a warning against the employment of this drug, since it has not the least effect, and entails evil consequences to the stomach and intestine. No good results have been got from the administration of ammonia; the same may be said of the tincture of sub-acetate of copper. During the convulsions the patient must be kept quiet in bed, free movement of the extremities permitted, the mouth cleared of froth with the finger, the tongue, which is protruded at the beginning of the paroxysm, must be pushed back with the edge of a finger, and every injury guarded against as much as possible. When the strength is sinking, stimulants such as ether, musk (72), camphor (73, 74), are to be recommended.

The treatment, as far as the labour is concerned, of convulsions is of various sorts, according as the activity of the parturient processes has advanced more or less, or has not begun at all. In the second part of the period of pregnancy, premature labour is to be induced only when the mother can still be rescued by it. Braun considers colpeurysis* and uterine catheterisation to be the most certain methods. When the death-struggle comes on after a convulsive attack during pregnancy, or in the beginning of labour, the death of the patient must be awaited, and thereafter the child at once removed by Cæsarean section.

At the commencement of the first stage [period of opening of the os] the employment of colpeurysis and

* See note, p. 4.

of uterine catheterism are recommended if mother and child are in evident peril. If this stage is over and the neck of the womb is completely expanded by the downward pressure of the head and by the pains, if the os externum is open to the extent of one to two inches, and the foetal envelope is uninjured, the membranes should be ruptured while the patient lies on her side. If the convulsive attacks do not cease, and the opening of the os and advance of the child do not progress, the mouth of the womb must be brought to its full state of expansion by dilatation with the fingers. If, even then, after one or two weeks the presenting head does not advance into the pelvic brim, and some convulsions have come on, the forceps must be applied according to Hatin's method, even with the head so high, provided there is no obstetrical disproportion; and the living child must be carefully removed. Turning by the feet is indicated only in cases where narrowing of the pelvis or any obstetrical disproportion emanating from the child is present. In the period of exit Braun recommends that when the head is well situated for the forceps the child should be carefully brought away, because the attacks thereupon often cease, and the children are generally born alive. In the afterbirth stage the placenta should be removed forbearingly; the attacks, too, are to be treated according to general principles.

During the puerperal state convulsive attacks are treated according to the same rules. Here, too, large doses of opium or morphia, and cold affusions, are the most important remedies. General bleedings should be instituted only if opium, morphia, and cold affusions prove useless. When the comatose stage comes on, the most strict repose must be observed, diaphoresis must be encouraged by a good covering for the body, and urination, if it is scanty, by the use of the catheter, in order to avoid retention and decomposition of the urine in the bladder.

69. R Acidi benzoici, gr. xx.—xxxiv.

Elæosacch, limonis,* gr. xxxiv. M.

Divide in dos. vj.

Sig. To be taken as ordered..

70. R Opii puri, gr. iiij.—vij.

Sacchari albi, gr. lx. M.

Ft. pulv. Divide in dos. vi.

Sig. One powder every half hour.

71. R Acetatis morphinæ, gr. j.—iss.

Sacchari albi, gr. lx. M.

Divide in dos. sex.

Sig. As the last.

72. R Moschi, gr. x.—xxij.

Sacchari albi, gr. xxx. M.

Ft. pulv. Divide in dos. v.

Sig. One every hour.

73. R Camphoræ rasæ, gr. vj.—xx.

Sacchari albi, gr. xxx. M.

Divide in part. equal, vj.

Put in waxed paper.

Sig. As the last.

74. R Camphoræ, gr. x.

Æther. sulphurici, ʒij. Solve.

Sig. Ten to thirty drops hourly.

EXCORIATIONES ET RHAGADES PAPILLARUM MAMMARUM— CHAPPED NIPPLES.

In order to guard against the occurrence of this affection, nipples, which are flat or sunk in, are wiped frequently, or surrounded with cotton wool dipped in eau de cologne, rum, brandy, tincture of benzoin, &c.; this, in order to prevent excoriations, by hardening the superficial layers of the epidermis. Flat or sunken nipples are attempted to be rendered prominent in this way,—by laying round them a smooth ring of bone, in order, that is, by the pressure of their immediate surrounding to bring the nipples forward. Or the nipples may be made to protrude with the fingers, and secured against

* See note, p 5.

sinking in with a narrow india-rubber band. The employment of cupping glasses, caoutchouc bottles, milk pumps, &c., to give the nipples prominence is to be avoided during pregnancy, because abortion may be easily brought on by such things. The same proceedings as those mentioned above, are to be persevered in during the first day or two after delivery. But if, when nursing is going on, the nipples are still tender or even broken, the breast that is so, must not be given to the child so often, or the nipple must be provided with a little cap while suckling is going on ; in case of necessity one can take the child from the breast that is chapped altogether for one to two days, keeping up the secretion of milk by methodical removal of what is secreted. If, however, all attempts to effect a cure prove vain, and the pain that the patient feels during suckling is too severe, she must be forbidden to nurse the child. The following are some of the numerous remedies recommended for the cure of chapped nipples :—cold dressings, embrocation with fatty oils, oil of sweet almond, of olives, of eggs, of lilies, of poppies, &c., either alone or mixed with aqua calcis (75, 76); various mild salves, ointments, and plasters, as ungt. emolliens, althææ; ceratum cetacei, emplastrum saponatum; desiccating salves and powders (77–79), and cauterisation with nitrate of silver.

75. R̄ Ol. amygdalæ, fʒij.
 Balsami peruvian, fʒj.
 Pulv. gummi arab. gr. cxx.
 Aquæ rosæ, ʒj. M.

Ft. emulsio.

Sig. To be shaken up and painted over the part once a day.

76. R̄ Ol. olivarum,
 Aq. calcis, āā ʒss. M.

Ft. liniment.

Sig. For painting.

77. R̄ Zinci oxydi, gr. xxxiv.
 Unguenti emollient, ʒss. M. exacte.

Sig. The ointment.

78. R Zinci oxidi, gr. xxxiv.

Butyri caceo,

Ol. amygdal., āā 3ij.

Ol. bergamott., gtt. viij. M. in unguent.

Sig. The ointment.

79. R Oxidi zinci, gr. xxxiv.

Amyli triturat., 3ss.

Pulv. rad. Ireos. flor.,* gr. lx. M.

Sig. The powder to be strewed on the part.

FEBRIS LACTEA—MILK FEVER.

The cause of the feverish excitation which sometimes comes on about the third or fourth day after delivery, and which has got the inappropriate name of milk fever, lies for the most part in neglect to put the child to the breast at all, or in putting it too seldom, in excoriation of the nipples, in errors of diet, in exposure to cold, in an overfilling of the urinary bladder, in a lesion of the vagina or of the perineum, in a mild endometritis, or in the commencement of puerperal fever; more seldom in a congestive affection of the mammary glands and increased secretion of milk. In the last case the treatment to be recommended is a proper dietary, moderate, not too high temperature of the sick-room, and cooling drinks. The mammæ should be supported, but not kept too warm.

FEBRIS PUERPERALIS—PUERPERAL FEVER.

*Enmetritis, Metritis, Peritonitis, Metroperitonitis, Metrophlebitis, Lymphangioitis Puerperalis—Puerperal-pro-
cesse.* [Ger.]

The predisposing and exciting causes of puerperal fever should be as much as possible obviated during pregnancy. Hyperinosis in a pregnant woman should be diminished by a vegetable diet, exercise, prudent use

* See note, p. 15.

of neutral salts, and of the salts of alkalies, with vegetable acids, but not by venesection; while hydræmia [or watery blood] should be met by prescribing good diet, preparations of iron (38-40), and the removal of everything that might have a depressing effect on the mind. According to Braun, the avoidance of violent agitation of the nervous system during labour is one of the most well-proved preventives for puerperal fever. If there are any lesions of the uterus, their rapid cure is best accomplished by rest, sparing diet, and the greatest cleanliness, it being seldom necessary to inject lukewarm water into the vagina. The resorption of pus secreted on the surface of the uterus is hindered by drinking a great deal of water, or of sweetened lukewarm drink. In order to meet the risk arising from puerperal thrombosis [impaction of clots taking origin in the uterine veins], augmentation of the contractions of the uterus is recommended, both in the third stage of labour and in the first hours following delivery, by friction of the belly and fundus uteri, or by using ergot (68). The lochial discharge should be regulated by keeping the patient quiet in bed, by making her avoid turning in bed for eight to fourteen days, and by maintenance of a uniform rather elevated temperature of the bed. If the lochial fluid be offensive, resorption of it must be prevented by local applications of cinchona (80), alum, and tannate of lead, or by cauterising with nitrate of silver. As prophylactics for puerperal fever are recommended, sulphate of quinia (from 5 to 15 grains pro die), opium (1 to 2 grains pro die), or morphia, tincture of aconite (81), extract of aconite.

When puerperal fever has shown itself, Braun brings forward the following lines of treatment:—

1. *General Treatment.*

- (a.) Antifebrile and antizymotic method (quinine, digitalis, aconite, corrosive sublimate, abstraction of warmth).

- (b.) Antiphlogistic treatment (phlebotomy, hæmostastics,* hæmostatics,† mercurials).
- (c.) Antipyæmic specifics (chlorine, carbonate of ammonia, aconite).
- (d.) Expectant method (quinine, mineral acids, opium).

2. *Treatment of the Local Symptoms.*

- (a.) For enmetritis: Injections with lukewarm water, nitrate of silver, corrosive sublimate, empyreumatic substances, opium, and lukewarm baths.
- (b.) For puerperal ulcers: Nitrate of silver, camphorated ether, &c.
- (c.) For metroperitonitis—
 - a. To relieve pain and flatulent distension: Moist warm poultices, leeches, dressings with ice, cataplasmes échauffants,‡ chloroform liniment and envelopment in cotton wool, tincture of iodine, hot oil of turpentine, gray ointment (ung. hydrargyri mit.), blisters, injections of opium and tobacco, removing the gases.
 - β. To relieve diarrhœa: Opium, alum, tannin, nitrate of silver.
 - γ. To relieve vomiting: Morphia, soda water, bits of ice.

3. *Treatment of the Sequelæ of Puerperal Fever.*

1. *General Treatment.*—Quinine should be ordered in large doses as soon as the pulse rises to a rate of 100 strokes per minute, and the temperature rises from 30° R. (99·5° F.) to 31° or 32° R. (101·75° to 104° F.) Digitalis has been several times recommended, and again given up. Aconite is said to make the disease run a favourable course. Corrosive sublimate can do little in the most acute form of the complaint.

* αἱμα, σπασ; blood-thinning drugs.

† αἱμα, ισχυμι; circulation-depressants.

‡ See page 3.

Abstraction of warmth by hydro-therapeutical means is said to have shown itself useful at the beginning of the fever. Venesections are to be avoided. The use of mercurials is abandoned by most accoucheurs. The antipyæmic specifics—chlorine (82) and carbonate of ammonia—have not, so far, proved themselves such. In default of any specific whatever, physicians still use quinine, opium, morphia, Dover's powder, and mineral acids.

2. *Treatment of the Local Symptoms.*—If there is endometritis, aromatic stimulant injections (83, 84), for the cleansing of the inside of the womb, are especially indicated when the secretions decrease in quantity, or acquire an appearance of thin wateriness, inclining to decomposition. If any septic substance is present in the uterus, it must be decomposed and neutralised by astringent injections of alum (9), decoction of cinchona (80), &c. Opiate injections (of the strength of 10 to 12 grains) are recommended when there is severe pain. Braun and Scanyoni recommend repeated injections of lukewarm water into the cavity of the womb to be used three times a day. General warm baths may also effect a mitigation.

For puerperal ulcers early and energetic application of caustic (nitrate of silver), and keeping at the part charpie [or lint], dipped in a solution of camphor, are the measures recommended. The best things for bringing on a healthy purulent discharge are stimulant ointments, unguentum basilicum, digestivum [terebinthinæ], &c.

If metroperitonitis comes on, the pain of it must be relieved by moist warm coverings and warm baths. Leeches have but a temporary influence. Better results are observed after the use of the cataplasmes échauffants (see under Weakness of Labour Pains), and from brushing over the abdomen with chloroform liniment (86), and covering it up with wadding.

For the relief of tympanitic distension salines and diuretics are recommended to be given both by mouth

and by enema, but are generally of little use. Braun saw better results from opium (3 to 4 grains pro die). Injections of tobacco (87) are praised by some, and rejected by others. The effect of pumping out the intestinal gases with an elastic intestinal tube, two to three feet long, is more beneficial. Puncture of the intestine is to be avoided.

When there is a profuse diarrhœa, opium (30), tannin (88), alum, &c., are the remedies used internally; while externally are administered injections containing astringents (89) or nitrate of silver.

For vomiting, the serviceable remedies are "ice-pills," ices, effervescing powders, River's drink,* and opiates.

In case of exudation into the peritoneal sac, no good result is to be expected from paracentesis. If an abscess forms, it must be opened in good time.

3. *Treatment of the Sequelæ.*—Cold dressings, or washings with cold water, are indicated when there is erysipelas migrans, erythema diffusum, or miliaria. Cold also diminishes the pain of pyæmic patches on the skin and other accessible parts. When there are maniacal paroxysms, use cold affusion and iced dressings. To ward off collapse, give beef-tea, with egg, wine, cinchona (36), preparations of iron (38-40). Little use should be made of excitants, such as camphor (73, 74, 126, 127), musk (72), ether, &c.

80. R Decocti cinchon. flav., *libram*.

Sig. For external use.

81. R Tinct. aconiti, [$\mathfrak{m}_{\text{xv.}}$ — $\mathfrak{m}_{\text{xxx.}}$ †]

Aq. destillat., \mathfrak{z}_{ij} .

Sacchari alb., gr. cxx. M.

Sig. One to two teaspoonfuls every two hours.

* See note, p. 22.

† In the original the dose is double this— $\mathfrak{z}_{\text{ss.}}$ — \mathfrak{z}_{j} ; but the Austrian tincture, though made with a larger proportion of the root (one to five of spirit by weight) than ours (one to eight of spirit by weight approximately), is prepared with weaker spirit, and from the bruised root, not the powder. The ordinary maximum dose of the Austrian tincture is nine minims each time, or twenty-four minims in a day.

82. **R** Liquoris chlori, $\mathfrak{z}\text{j}$.
 Aquæ destillat., $\mathfrak{z}\text{iiij}$.
 Syrupi simp., $\mathfrak{z}\text{ss}$. M.
 Put in a dark glass bottle.
 Sig. One tablespoonful every hour.
83. **R** Infusi anthemidis, *libram*.
 Camphoræ in suff. quant. spir. vin. solutæ,
 gr. xx.—xxxiv. M.
 Sig. For injections.
84. **R** Radicis arnicæ concis., $\mathfrak{z}\text{ss}$.— $\mathfrak{z}\text{j}$.
 Ft. infusum libr. j.
 Tinct. myrrhæ, $\mathfrak{z}\text{ij}$. M.
 Sig. For injections.
85. **R** Camphoræ, gr. lxxvij.
 Spirit. vin. rect., $\mathfrak{f}\mathfrak{z}\text{viss}$. Solve.
 Sig. For external use.
86. **R** Chloroformi,
 Ol. amygdalæ, $\text{āā } \mathfrak{z}\text{ss}$. M.
 Sig. For external use.
87. **R** Infusi tabaci e gr. xxxiv.—lxxvij.
 Colatur. *librius unius*.
 D.S. For injections.
88. **R** Tannini puri, gr. vj.—xiv.
 Opii, gr. j.
 Sacchari albi, gr. xl. M.
 Ft. pulv. Divide in dos. eq. vj.
 Sig. One powder three to four times a day.
89. **R** Decocti radice salep.* spiss. consist., *libram*.
 [Vel Decocti hordei.]
 Tannini puri, gr. xx.—lxxvij. M.
 Sig. For injections.
 In case of violent tenesmus tincture of opium must be added.
90. **R** Nitratis argenti cryst., gr. ij.—iv.
 Aquæ destillatæ, $\mathfrak{z}\text{viij}$. Solve.
 Sig. For injections.

* Root of *Orchis mascula*, starchy.

FIBROUS TUMOURS.

The medical treatment of fibrous tumours of the womb has no effect on the progress of their development in the great majority of instances. A lasting diminution of their size, or a stoppage in their growth, can sometimes be brought about by cold sitz-baths, or by local abstractions of blood, viz., by the application to the portio vaginalis uteri in strong patients of four to six leeches at a time, the proceeding not being repeated oftener than every eight to fourteen days; if a larger abstraction of blood is in an occasional case desirable, the after-bleeding may be encouraged by lukewarm injections or sitz-baths. It is sometimes, too, advisable to employ iodide of potassium (91), glycerine of iodine (92), iodide of iron (93), especially in ill-nourished patients with poor blood, and iodine baths as those at Hall, Krankenheim, Adelheidsquelle, Dürkheim, Lippik, Zaizon, Iwonicz, Wildeg, Kreuznach, Ems, &c. Iodine baths should be ordered, however, only in cases where there are no considerable and continuous hæmorrhages from the womb. For patients whose cases are not improved by such means as these, treatment of symptoms is the course indicated. The pains, or uterine colics, deserve attention by themselves, and are assuaged by narcotics (7, 30-32). Menorrhagia is met by keeping the patient quiet and on her back, by cold or astringent injections (8, 9, 45, 62), by cold dressings, by tamponing; inwardly, by cooling drinks (55, 56), muriate of iron (94), rhatany (95), tannin (88), alum (113), and by other substances containing tannin, or by ergot (1-4, 12, 68). When there is vaginal leucorrhœa, cleanliness must be looked to, and astringent injections (8, 9, 45, 62), or the cold ascending douche ordered. Symptoms of anæmia and of dropsy show the necessity of a good nourishing diet, quinine (36), and ferruginous drugs (38-40.) The preferable surgical treatment in the majority of cases is excision. Still, one must sometimes undertake torsion or ligature, if the polypus is high

up, and cannot conveniently be reached in any other way.

During pregnancy and labour, Braun says that we should, in cases of fibrous tumour, treat not the immediate lesion, but the anomalies which occasionally accompany it. It is very seldom that any closure of the soft passages of the mother happens from this cause; the narrowness which the tumour occasions gives way generally before the regular action of the pains, so that it is very rarely indeed necessary to extirpate the growth from the vagina.

Fibrous tumours of the vagina are removed by operation.

Those of the external organs are generally easily accessible, and therefore easily got rid of. Fibroid tumours of the breast also require operative interference, as the dispersing drugs recommended are of no use.

91. R Iodidi potassii, gr. xii.—xxij.

Aquæ destillat., ℥iij.

Syrupi aurantii, ℥ss. M.

Sig. One tablespoonful two to three times a day.

92. R Iodidi potassii, gr. xxij.

Iodi puri, gr. v.

Glycerini, ℥j. Solve.

Sig. For external use.

93. R [Syrupi ferri iodidi, ℥vj. bis die.]*

94. R Ferri perchlorid. liquoris, ℥liv.

Aquæ destillatæ, ℥iij.

Tinct. opii, gtt. x.

Syrupi papaveris, ℥ss. M.

Sig. A tablespoonful every one to two hours.

95. R Extracti krameriæ, gr. vj.—xx.

Aluminis crudi,

Elæosacch. cinnamom.,† āā gr. xxij. M.

Ft. pulvis. Divide in dos. vj.

Sig. One powder every two to four hours.

* Instead of powders made from the Ferrum iodatum saccharat. (Ph. Aust.), containing each half a gr. of the iodide.

† See note, p. 5.

FISTULÆ—FISTULES.

Vesico-Vaginal, and Urethro-Vaginal Fistulæ.

The means used for the cure of fistula are cauterisation and suture. Lunar caustic answers best the former purpose. The proceeding is carried out with a pointed piece of the caustic; the vagina is then plugged and a catheter is placed in the urethra, so that the cicatrix can unite. According as the fistula is more or less accessible, the cauterising is managed with or without the speculum; and the application should be repeated every five to six days. The results are eminently dependent on the size of the fistula. Tincture of cantharides is also used for cauterising, the fistulous opening being brushed over with it. The actual cautery comes into use when the opening is of considerable size, and the edges are rather callous. A bent cautery is used for the purpose, being placed in contact with the fistula, and left there for one or two seconds. If the opening does not close, the operation should be repeated after the effects of the previous application are quite gone. The greatest caution must be observed in using the actual cautery, since it is an easy matter for peritonitis to be set up after its application, and that especially in women who are very easily hurt, or who have a strong tendency to this affection, or have had an attack of peritonitis before the operation. The employment of the suture presupposes the vivifying of the margins of the opening either by paring them or by touching them with nitrate of silver, tincture of cantharides, &c. Among the many sorts of sutures the interrupted suture and the twisted suture are recommended. In order to apply the former suture, the needle-holders must be very considerably bent, and the needles must be carried from before backwards through the vaginal wall and back again, so that the opening is closed by several interrupted sutures arranged in a row.

Wutzer's method consists in the closure of the open-

ing by transplantation, the mucous membrane of the vagina being detached with the scalpel to the extent of an inch round the fistula, and a twisted suture then applied; during which proceeding, however, it not uncommonly happens that injuries of the peritoneum, perforation, and entrance of air into its sac take place. The method recommended in France (Jobert's), *Anaplastique par glissement*, was almost quite given up on account of the danger accompanying it. A new proceeding has been brought forward by Simon, and is as follows:—He applies a double row of stitches, first putting in a row an inch from the margin, and bringing out the stitches at the same distance on the other side. Then he puts in several sutures close to the margins of the fistula. By means of the stitches that are close to the margins of the opening he hopes to effect union of its walls. He calls them, therefore, the *uniting sutures*. (*Suture of reunion* of Harley's translation of Scanzoni.) The threads of the second row, the outer, must be in the intervals between those of the inner row. The outer set assists in compressing the wound, but is named *relaxing suture*,* because in the part between the first and second row the mucous membrane is drawn in so as not to make too strong a pull on the uniting suture.

For large incurable fistulæ the closure by operation of the mouth of the vagina has been recommended, in order to better, at least in some degree, the condition of the patient. Different urinals, too, are used in incurable cases for collecting the urine as it escapes, but it is seldom that they are of much use. Sometimes a pessary of sponge is useful in quite small fistulæ for sucking up the trickling urine, only the sponge must be changed or washed at very short intervals.

* "Suture of dentention" of Harley's translation of Scanzoni. *Entspannungsnaht* is the German expression. *Entspannen* means primarily *to loose from the yoke* ("Rosse . . . dem wagen entspannen," BURGER), hence *to relax* ("die muskeln sind entspannt," DROLLINGER).—GRIMM'S *Wörterbuch*.

Recto-vaginal Fistulæ.

Here, too, cauterisation and interrupted suture are the remedies used. Cauterising should be effected with lunar caustic, or with the actual cautery, according to the size of the opening and the nature of its edges, and should be applied both from the vagina and from the rectum. According to Dieffenbach, the neighbourhood of the opening, in an extent of a quarter of an inch, should be first touched with lunar caustic from the rectal side, and next day the neighbourhood and edges on the vaginal aspect should be burned with a hook-shaped hot iron; after the cauterisation both organs should be plugged with charpie [or lint], and afterwards, if necessary, the closure confirmed by the employment of more or less mild or stimulating ointments. Paring the edges with the knife and passing in needles is made easier, if with the help of an assistant, who keeps a finger or a staff in the rectum, the posterior wall of the vagina is made to bulge forward into the vulva. After the stitching the rectum and vagina are stopped with charpie [or lint], a motion of the bowels is prevented by dieting and opium, and the plug of charpie is left in the rectum as long as possible. If the opening is not quite closed in this way, a supplementary cauterisation is carried out, or the suture is used again.

GALACTOCELE—LACTEAL TUMOUR.

If the lactation still continues [when this affection shows itself], the child must be weaned, and the secretion of milk stopped by a sparing diet and purging salts (19-21). When the contents are still fluid, injections containing iodine are recommended—a puncture having been first made; but if these turn out insufficient, or if the contents are already in part solid, the sac should be opened, evacuated, and its wall changed into a pus-secreting surface. The cure is hastened by a compress and bandage.

HÆMATOCELE—SANGUINEOUS TUMOUR.

In many cases a spontaneous cure by resorption takes place. When there are inflammatory appearances and pain, leeches and cold dressings are of much use. Regular motion of the bowels must be provided for. Puncturing is indicated, if the hæmatocele causes considerable mechanical obstruction by its size, hinders delivery of the child, or of the placenta, or the flow of the lochia, also when there is internal bleeding to an extent dangerous to life, when there is threatening and extensive suppuration or gangrene. The incision should be made at the most dependent and thinnest part, and must be big enough for the greatest part of the coagulum to be removable. If subsequent bleeding comes on, cold applications must be employed, and the vagina plugged. *Hæmatocele retro-uterina* should have expectant treatment during pregnancy, because it is generally spontaneously resorbed, and does not lead to abortion.

HÆMATOMETRA.

The treatment consists in emptying the womb by making a puncture, viz., when the external os is closed, by carrying up a longish curved trocar along two fingers to the orifice, and thrusting it in where the passage ought naturally to be. Several injections of lukewarm water may be made into the uterine cavity through the canula, or through an elastic catheter, in order to bring out the thickish tenacious masses of semifluid matter, and to excite contraction of the uterine walls. After evacuation of the fluid the canula is drawn out, and an elastic catheter introduced into the cavity, this being allowed to remain for several days, as long as discharge goes on, and until there is no further risk of reunion of the pierced os uteri. If there is a congenitally imperforate condition of the vagina at the situation of the hymen, or if this atresia has arisen after puerperal inflammation and the resulting cicatrization, Braun recommends that

the obstructing membrane be cautiously divided with a sharp-pointed bistoury on a grooved director, and the incision carried to the right or the left, in order, where possible, to avoid injuring the urethra or the rectum. The process of emptying the uterine cavity being completed, the reunion of the vaginal walls must be prevented by leaving in a catheter or a sponge tent.

HYDROMETRA.

The treatment of this affection requires removal of the causes lying at the bottom of it (such as uterine catarrh, flexions of the uterus, polypi, enlargement of the *ovula Nabothi*, or of the folds of the cervix, obstructions, tumours of the pelvis, narrow or imperforate passages, &c.) The attempt must be made by introducing a probe to restore the permeability of the cervical canal. If, however, the probe cannot be got in, the treatment must be directed towards alleviation of the troublesome symptoms. Dangerous symptoms coming on, a puncture must be made through the vault of the vagina.

HYDROPS OVARII—OVARIAN DROPSY.

At the beginning of the disease, when it develops itself amid inflammatory symptoms, antiphlogistics, the timely application of leeches, mild purgatives, and derivation to the skin, are indicated. Everything productive of harm, tending to bring on a state of irritation in the genital organs, or to bring down the constitution, is to be strictly avoided. Of the many drugs that are recommended, iodine (35, 91, 92) appears to be of some use when it is given for a long period in small doses. Some have observed good results to accrue from the wells of Kreuznach,* Krankenheil, and Heilbron, and from the salt springs at Ischl, the mud baths at Pistján, and from sea-bathing. Puncture is not to be undertaken unless there is pressing need for it, because the cyst generally fills again in a short time, and it is only

* See note, p. 27.

rarely that complete shrinking of the cyst and entire recovery of the patient take place. Puncture is carried out either through the vaginal arch or through the abdominal wall. Besides these measures, injections of stimulating fluids, and especially of diluted tincture of iodine, are recommended. The exhibition of iodine-injection (equal parts of tincture of iodine and water, with a little iodide of potassium) is, according to Schuh, only indicated if it is a unilocular cyst that the surgeon has to deal with. In most cases, however, the disease is not cured by one injection. If the effusion does collect anew, and the tumour remains for a considerable time stationary at a certain size, we ought, according to Schuh, to wait six weeks before going on to a second injection; if after that no decrease commences, we are justified in repeating the injection. Extirpation is looked on by some as the one certain road to a cure; by others it is disadvised, because the larger half of those operated on sink. The operation is performed in the following way:—The abdominal wall is incised either in the middle line or near it, on the side of the diseased ovary, by a cut two and a half to three inches* long, falling between the flexure of the groin and the navel, and the peritoneum is opened with a probe-pointed knife to an equal extent. The tumour, pressed against the abdominal wall by an assistant, is now fixed in the wound by sharp hooks, evacuated through a puncture, and drawn out, to a corresponding extent the smaller it gets, by means of hooks and the fingers. Last of all, the peduncle is cut through, as far as possible every bleeding vessel specially secured, and the wound closed with interrupted sutures which do not perforate the peritoneum, but in part perforate the peduncle, and keep the peritoneal investment of the stalk in close contact with that of the abdominal wall.

* Austrian inch, equal to 2·6 centimetres; English inch, equal to 2·539 centimetres. The above is Austrian measurement.

HYDRORRHŒA.

Treatment is limited to this, to avoid all excitation of labour pains; which is accomplished by bodily and mental quiet, by the patient's remaining for several days in bed, by light nourishment, and cooling drinks (50-56). If abortion is to be feared because of the painful contractions, then, according to Spath, opium or morphia (30-32) and opium lotion (15, 66) should be ordered.

HYPERTROPHIA MAMMARUM—HYPERTROPHY OF THE BREASTS.

When there is hypertrophy of the connective tissue, the remedies recommended are, preparations of iodine (91, 93, 35, 92), or water containing iodine—Kreuznach, Krankenheil, Hall, Heilbron, Lippik, Zaizon, Adelheidsquelle, &c.—and also compression.

When the hypertrophy is in the adipose tissue, every means is fruitless; extirpation is the only remedy.

In case of hypertrophy of the lacteal glands, drugs containing iodine should be tried; the operation, a very safe one, answers the purpose best.

General hypertrophy of the mammæ requires to be treated with antiphlogistic remedies if there are symptoms of congestion, as with cold dressings, salines (19-21, 57-61), &c. When the hypertrophy is of very long standing, iodine preparations, iodine waters, and cod-liver oil are sometimes used with good effect. Amputation is to be resorted to if these means fail.

HYPERTROPHIA UTERI—HYPERTROPHY OF THE WOMB.

If there are congestive symptoms, an antiphlogistic line of treatment may be set up—local abstractions of blood, cold dressings, purgatives, &c. In chronic cases, drugs and baths, with iodine, are recommended. When there is considerable enlargement of the lips of the os uteri, amputation by the *écraseur* is indicated.

HYPERTROPHIA VAGINÆ—HYPERTROPHY OF THE VAGINA
AND OF THE EXTERNAL SEXUAL ORGANS.

Congenital simple hypertrophy does not require treatment in the generality of cases, because it creates no particular uneasiness; if mucous discharge, excoriations, &c., are set up, the superfluous part may be removed. The acquired simple hypertrophy, which is generally complicated with excoriations, ulcers, &c., requires in general mere extirpation. Hypertrophic degeneration one may attempt to treat with local blood-lettings and iodine preparations, if symptoms of inflammation are present; if these measures do no good, nothing is to be expected except from an operation. The removal of hypertrophied and degenerated labia and nymphæ is managed with the *écraseur*.

ICTERUS OF PREGNANT WOMEN.

Icterus, without fever, is to be treated according to general medical principles. As jaundice is not improved by obstetrical interference, the induction of premature labour is never required for the cure of the mother, and can only be indicated when the icterus lasts long and is to a very great degree, and when the foetus is alive and able to exist independently, and when its premature death is to be feared.

INFLAMMATIO VAGINÆ. ELYTHRITIS—INFLAMMATION OF
THE VAGINA.

When the inflammatory symptoms are well pronounced, we use local blood-lettings, injections of lukewarm water, embrocations of unguentum cinereum* over the abdomen; internally cooling drinks (50-56) and salines (19-21, 57-61). For chronic catarrhal inflammation, refer to Catarrh of the Vagina.

* One part mercury, two parts lard (&c.); weaker by one part lard than the ungt. hydrargyri, (Br. Ph.)

In inflammation of Bartholin's glands, the pain is relieved by local abstractions of blood, a suppurative termination is encouraged by poultices (96-101), and the course of the complaint shortened by laying open the whole gland, or the abscess, if already formed. If a good big wound be made, it generally cicatrises quickly by formation of a simple connecting tissue; at all events, healing is promoted by repeated touches of nitrate of silver; while an opening which is too narrow gives rise to tedious suppuration from burrowings and fistulæ.

96. R Specierum emollientium pro cataplasma.* ℥ij.
Sig. The half to be stirred up with warm water or milk,
so as to form a poultice.

97. R Farinæ sem. lini, ℥ij.
Farinæ fœnu-græci, ℥j. M.
Sig. For poultices.

98. R Herbæ meliloti fldæ.,
Fol. malvæ, āā ℥j.
Sem. lini, ℥ss. Concis. M.
Sig. For dressings.

99. R Flor. anthemidis,
Fol. althææ, āā ℥j.
Herbæ hyssop.,
Herbæ origani, āā ℥ss. Concis. M.
Sig. For dressings.

100. R Fol. hyoscyami,
Herbæ saturejæ,†
Semin. lini, āā ℥j. Conc. M.
Sig. For dressings.

* Species emollientes. Take of althæa leaves, of malva leaves, of melilotus [a papilionaceous plant], of each 500 grammes; cut them up, and mix with crushed linseed, 1000 grammes; pound them into a rather coarse powder.—*Ph. Aust.*

† A labiate plant, *S. montana*, probably.

101. R̄ Herbæ conii maculat.,
 Herbæ melilot. fidæ.,
 Herbæ rutæ, āā ʒj. Concis. M.

Sig. For dressings.

MANIA PUERPERALIS—PUERPERAL MANIA.

In treating puerperal mania and melancholia, not connected with puerperal fever (and generally ending in recovery in one to two months), general bleedings are never to be practised; better results are obtained from warm baths. An insane woman, at her confinement, must be kept under strict and constant observation; the course of the regular functions of the puerperal state is to be attentively awaited, and a direct psychiatric treatment of the mental infirmity is not to be begun till the sixth week after confinement. When there is a marked tendency to intermission, quinine ought to be given. Narcotics have only a partial application, but are not to be altogether neglected. The restoration of the secretions that have come to a standstill, viz., the lochia and the milk, is not considered admissible in the mental aberration of lying-in women, either by the accoucheurs of modern times or by alienists, because the interruption of these secretions must always be looked on as a sign of a deeper primary disorder. In puerperal melancholia no particular treatment is to be instituted, as time effects alleviation in this form. Späth recommends cold applications for cephalic congestions; and when the woman has been some time lying in, warm baths, with cold affusion of the head, and cold douche. Of the many drugs recommended, tartar emetic, in divided doses, and opium should be ordered according to circumstances. The child, too, shall in every case be removed, if that has not been done already. If the affection threatens to become chronic, it is best, for the security of the patient's surroundings, and for the sake of better attendance on herself, to send her to an asylum.

MASTITIS. INFLAMMATIO MAMMARUM—INFLAMMATION OF THE BREASTS.

When there is inflammation of the subcutaneous cellular tissue, resolution is first to be attempted by antiphlogistic treatment, leeches, cold dressings, and purgatives. But as soon as suppuration sets in, emollient applications (96–101) must be used; the matter must be evacuated, whenever fluctuation is apparent, by a proper incision; and the dressings must, if possible, be persevered in till cicatrization has taken place.

Inflammation of the cellular tissue beneath the mammary glands requires at first local blood-letting and antiphlogistics; rubbing in unguentum cinereum,* and the bandage and compress have seldom any effect. In this case, too, the matter must be let out as soon as possible; if the place where the matter lies nearest to the skin cannot be discovered, a proper incision should be made at the most dependent part, whereby the abscess is at once emptied, and may be healed up within one to two weeks, with the compression of a proper bandage.

In inflammation of the milk glands resolution should be tried for. The accumulated milk should be removed as much as possible with an artificial sucking apparatus (india-rubber sucking bottles), or by putting the child to the breast when the milk does not injure the digestive powers of the child, nor cause colicky pains; and, in addition, saline aperients (19–21, 57–62), a properly compressing bandage, and, when the inflammation runs high, local abstractions of blood should be made use of. Kiwisch recommends compression by a bandage twenty yards long, and one and a quarter inch wide. Scanzoni recommends the bandage of Seutin; others praise collodion smeared over the breast. As soon as the formation of pus threatens, cataplasms (96–101) must be ordered; and when there are deep accumulations of matter, a proper incision must be made to open the abscess. In order to facilitate the filling up of the latter, the sur-

* See note, p. 58.

geon may touch its walls with nitrate of silver, or inject a weak solution (90) of the same caustic. Milk-fistulæ must be healed up by taking the child from the breast, and cauterising the canal with nitrate of silver. Pressure by means of a bandage, is, of course, also to be used.

MASTODYNIA. NEURALGIA MAMMARUM—NEURALGIA OF THE BREASTS.

The removal of tenderness and pain of the mammæ is to be set about by getting rid of the causes of the affection (sedentary habits, heating articles of diet, agitation, irritation of the breasts, &c.), by prescribing a course of life suited to the end in view, and by regulating the menstruation. The pain generally dies away after the application of simple ointment and cotton wool, or by wearing furs on the part, by anodyne plaster, salves (102), embrocations (103), and opiates (30–32, 104–108). Sometimes it disappears as the breast grows, and it seldom lasts till the end of pregnancy.

Mastodynia occurs oftener during confinement and suckling, especially in primiparæ.

The treatment in this case must be confined to a prudent regulation of the diet and mild aperients. In case of need, the child must be weaned, and then the pain generally soon ceases.

102. R Extracti opii, gr. x.–xxij.

Unguenti rosat.,* ʒss. M. exacte.

Sig. The ointment.

103. R Extracti belladonnæ, gr. xxij.

Solve in

Aquæ Lauroceras., ʒj.

Et adde

Etheris depurat., ʒj.

Sig. To be shaken up and rubbed into the breast twice a day.

* Cold cream, or ceratum galeni.

104.* R Extracti belladonnæ, gr. iv.
 Sacchari albi, gr. cxx. M.
 Ft. pulv., et divide in partes equales xvj.
 Sig. One powder one to two times daily.

METRITIS. INFLAMMATIO UTERI—INFLAMMATION OF THE
 WOMB.

The treatment of acute inflammation of the womb in women not pregnant, requires rest, regimen, leeches to the portio vaginalis uteri, the labia majora, or the vault of the vagina, mild aperients or injections, warm applications (cold applications when the affection is of traumatic origin), or damp cold wrappings, cooling drinks (50–56) or emulsions, and general warm baths. Narcotics are useful for diminishing the pain—which is often severe—such as Aqua Laurocerasi (32), morphia (31, 32), opium (30, 105), cannabis indica (106, 107), hyoscyamus (108).

In case of chronic inflammation of the womb (infarctus uteri chron.), treatment must first of all be directed to the hyperæmia. If this is got rid of by rest, regimen, and antiphlogistic remedies, the hypertrophy of the connective tissue should be treated with warm uterine douche, lasting ten to fifteen minutes, for several weeks. The temperature of the water (26–32° R. [90·5°–104° F.]), and the strength and fall† of the stream should be all the more considerable the greater the hypertrophy of the uterus, the greater the dysmenorrhœa, and the longer the duration of the complaint. The attempt must also be made to promote the nutritive processes by sitz-baths or general baths, and by mineral waters containing iodine—Hall, Kreuznach, Zaizon, Iwonicz, Luhatschowitz, Krankenheil, Lippik, Heilbronn, &c. The mineral waters of Karlsbad may also be referred to for arthritic

* The Austrian extract is made from the root, not from the leaves, as ours. The dose in the above (with English extract) is, if anything, a little over Dr Dillnberger's original one.

† The douche being supposed to be managed by a siphon arrangement. See note, p. 2.

patients, Marienbad or Kissingen for those who are disposed to hæmorrhoids and obstruction, Franzensbad for the anæmic, Ems for the hysterical.* For internal use should be ordered, according to circumstances, iodide of potassium (91), iodide of iron (93), or ergot (68). In cases where the inflammation cannot be subdued, the treatment must be directed to symptoms; and the distress connected with menstruation, defecation, and voidance of urine, the stomach symptoms, the anæmia, and the hysteria, must be removed by proper measures.

The treatment of acute *metritis parenchymatosa hæmorrhagica*, or of perimetritis in pregnant women, demands rest of body and mind, local abstraction of blood (five to ten leeches) from the vaginal portion of the womb, the perineum, or the labia majora, sparing diet, saline aperients (19-21, 57-62), general lukewarm baths repeated once or twice daily, and cold damp wrappings, or emollient cataplasms (96-101). Internally, narcotics (30-32, 105-108) serve to diminish pain; and, externally, injections containing opium (15). If the exudation threatens to get transformed into an abscess, the latter must be evacuated as early as possible, and the escape of the matter favoured by laying bits of linen in the wound, by an appropriate posture of the patient, and by warm baths. Induction of premature labour should not, according to Braun, be practised, because this proceeding is of very doubtful advantage as regards the mother, and may heighten the danger by the artificial induction of the puerperal state. If labour pains have set in, the parturition, whether at full time or premature, should, as far as possible, be accelerated by the use of the forceps. Chronic induration of the portio vaginalis uteri requires no treatment during pregnancy, because

* *Carlsbad* is hot, saline, and gaseous (H_2CO_3 to two-fifths of the bulk of the water). *Marienbad* is saline, and with more carbonic acid than Carlsbad. *Franzensbad* is saline, ferruginous, and very gaseous. *Kissingen* is saline and gaseous. *Ems* is alkaline (sod. bicarb.), gaseous, and saline. For the chief of the others, and for authorities, see note, p. 27.

no particular injuries arise from it during labour at full time. When there are indurated exudations, the local application of iodine is proper treatment even during pregnancy, this being rubbed into the surface of the abdomen in the form of salve (35), or of glycerine of iodine (92); or, if the exudation settles in the Plica Douglasii, the iodine may be exhibited in suppositories (109). In the last case another very useful remedy is Unguentum hydrargyri cinereum (110). Mineral waters containing iodine may also do good service. Constipation requires mild purgatives or aperient injections; retention of urine, the timely use of the catheter.

For the inflammatory accidents of the puerperal state, see under Febris Puerperalis.

105. R Mist. oleos.,* \mathfrak{z} iv.

Extracti opii, gr. ij. M.

Sig. One to two tablespoonfuls every two hours.

106. R Mist. oleos. \mathfrak{z} iv.

Extracti cannabis ind., gr. iv. M.

Sig. As the last.

107. R Extracti cannabis ind., gr. iij.—vj.

Sacchari lactis, gr. xl. M.

Ft. pulv. Divide in part equales vj.

Sig. One powder three to four times a day.

108.† R Extracti hyoscyami sem., gr. iij.

Pulv. gummos, gr. xl. M.

Divide in dos. sex.

Sig. As the last.

* Mistura oleosa (Austrian Pharmacopœia). Take of fresh oil of sweet almonds, 10 grammes; of powdered gum arabic, 5 grammes. Mix well, and rub up with simple syrup, 10 grammes; pour in, with constant stirring, water, 200 grammes, to an emulsion. A gramme is $15\frac{1}{2}$ grs. troy. Beasley's formula is—Oil of almonds, \mathfrak{z} iss.; mucilage of acacia, \mathfrak{z} iss.; water \mathfrak{z} v. Mix. Mistura amygdalæ (Br. Ph.) may be substituted.

† Or, R Extracti hyosc. (Br. Ph.) gr. xij.; pulv. amyli, pulv. glycyrrhizæ, $\mathfrak{a}\mathfrak{a}$ gr. vij.; pulv. gummi arab., pulv. sacchari, $\mathfrak{a}\mathfrak{a}$ gr. xiv. M. (Pulv. gummos., Ph. Aust.) Divide in dos. sex. Sig. One powder three to four times a day.

109. \mathcal{R} Potassii iodidi, gr. lxxviii.

Iodi puri, gr. vj.

Butyr. cacao, q.s. ut ft. suppositoria magnitud.
med. nr. vj.

Put in waxed paper.

Sig. Suppositories.

110. \mathcal{R} Unguenti hydrargyri,* gr. xlvi.

Butyr. cacao, q.s. ut ft. suppositoria magnitud.
med. nr. vj.

Put on waxed paper.

Sig. Suppositories.

METRRORRHAGIA—HÆMORRHAGE FROM THE WOMB [INCLUDING MENORRHAGIA].

The management of loss of blood from the unimpregnated uterus demands, besides attention to the causes, arrangements for an appropriate regimen. Rest, both bodily and mental, horizontal posture with the pelvis elevated, rigorous dieting, cooling drinks (50–56), pure air, only moderately warmed, in the room, are some of the most important points which alone will often restrain rather free bleeding. When there is passive hæmorrhage, cold dressings, injections of cold water or astringents, muriate of iron (8), alum (9), tannin (45), zinc (62), catechu (111), rhatany (112), &c., and plugging the vagina, are the most effectual remedies. Among internal remedies those that have generally shown themselves the best are—oleum martis (94), secale cornutum (1–5, 12, 68), alum (95, 113), tannin (88), rhatany (95, 114).

Hæmorrhage during pregnancy requires complete repose of body and mind, horizontal posture, and acids (50–56). The employment of other remedies depends on the answer to the question, Whether the physician can stay the bleeding without pregnancy being interrupted? In the negative case, cold applications on the

* \mathfrak{J} j. unguent. cinerei = \mathfrak{D} ij. unguent. hydrarg. (Br. Ph.) + \mathfrak{D} j. of lard (Austrian weight) = gr. xlv. u. h. + gr. xxiiss. lard (British weight). The additional lard is omitted in the text.

abdomen, or injections, introduction of bits of ice into the vagina, or plugging the vagina, are proceedings to be recommended. Bleeding which arises from the bursting of varicose vessels in the vagina requires to be treated with cold, compression, plugging, ligature, or transfixion of the bleeding vessels. The bleeding which occurs in mole-pregnancies is stayed by the delivery of the moles. For hæmorrhage in the third stage of labour, see under treatment of Labour Pains.

111. \mathcal{R} Catechu, gr. cxxxvj.

Aquæ fontanæ, f \mathfrak{z} xv. Solve.

Sig. For injections.

112. \mathcal{R} Extracti krameriæ, gr. cxxxvj.

Aquæ fontanæ, f \mathfrak{z} xv. Solve.

Sig. For injections.

113. \mathcal{R} Aluminis, gr. xxxij.

Aq. cinnamom., \mathfrak{z} iv.

Tinct. cinnamom., \mathfrak{z} ij.

Syrupi aurantii, \mathfrak{z} ss. M.

Sig. One tablespoonful hourly.

114. \mathcal{R} Extracti krameriæ, gr. ix.

Pulv. secal. cornut.,

Elæosacch. cinnamom.,* āā gr. xxij. M.

Divide in part. equales, vj.

Sig. One powder three to four times a day.

MIGRAINE—HEMICRANIA.

Hemicrania in pregnant women requires rest of body and mind during the paroxysm, and also the avoidance of all irritation of the nerves of sense. In the intervals the salts of iron may be used where there is hydraemia [poor blood], the aperient mineral waters where there is chronic digestive disorder, and quinine when the affection has a periodic character. Many patients obtain relief during the paroxysm from soda water, coffee, citrate of coffein (115), pasta guarana (116), or extract of

* See note, p. 5.

pulsatilla (117). In nursing women hemicrania usually disappears soon after the child is weaned.

115. R Citrat. caffeini, gr. lxvij.

Sacchari albi, gr. cxx. M.

Ft. pulv. Sig. Half a teaspoonful twice daily.

116. R Pastæ guaranæ,* gr. xvij.—xxxiv.

Sacchari lactis, gr. xxxiv. M.

Ft. pulv. Divide in dos. vj.

Sig. One powder three times a day.

117. R Extracti pulsatillæ,† gr. viij.

Spirit. vin. rectif., f℥iss. Solve.

Sig. Ten drops twice a day.

MORBUS BRIGHTII—BRIGHT'S DISEASE.

The watery state of the blood, which springs up during pregnancy, is somewhat improved by nourishing diet and ferruginous drugs (38–40). Benefit is rarely derived from increased diuresis; while warm, and especially steam baths sometimes do good. In order to create derivation from congestion of the head, constipation is removed by injections of vinegar, the prudent use of jalap (118, 119), aloes (120), &c. For the neutralisation of carbonate of ammonia, formed in the blood from the transformation of urea, flowers of benzoin (69), lemon juice, and tartaric acid are recommended. When there is scanty secretion of urine, and uræmic poisoning threatens, the mineral waters of Selters or Vichy are useful, in addition to the acids named. Pills of tannin and extract of aloes (121) are good for restoring the normal tone. Since acute morbus Brightii, occurring during pregnancy, is only relieved in general, and not cured, by treatment, the question arises whether premature labour should be induced with the view of relieving the venous congestion and the advancing de-

* Got from *Paullinia sorbilis*, Nat. Order Sapindaceæ (Ph. Aust.)

† *Anemone Pulsatilla*—Ranunculaceæ.

generation of the kidneys. Braun's view is, that so long as no symptoms of uræmia have appeared, and life is in no danger, artificial delivery ought not to be thought of in a case of Bright's. But if the long duration of the complaint, the high degree of albuminuria, the quantity of cylindrical casts, a high degree of hydræmia, large dropsical swellings, with life-endangering disturbances of the functions of the heart, lungs, brain, &c., lead us to apprehend a deep-seated and extending degeneration of the kidneys, it stands to reason that we should proceed to artificial induction of labour. If several symptoms indicate the death of the fœtus, the physician is all the more and the earlier justified in his resolution to perform this operation, because sometimes the dead fœtus is retained even for weeks in the womb, and the danger to the mother's life may in that way be increased to an extent not at all justifiable. If, however, in a case of Bright's disease labour pains come on without any convulsions, we may provide against the access of convulsions by light narcosis with chloroform.

118. R̄ Resinæ jalapæ, gr. xvij.
 Extracti aloes, gr. xxxiv.
 Mellaginis graminis,
 [Vel Saponis dur.] q.s. ut ft. pil. nr. xxx.

Consperge pulv. sem. fœniculi.

Sig. Two to four pills two to three times a day.

119. R̄ Pulv. jalapæ, gr. lxviij.
 Pulv. rhei moscov., gr. xxxiv.
 Syrup. cichorii, c. rheo,
 [Vel Syrupi rhei, v. sennæ, v. violæ, v. simp.],
 q.s. ut ft. pil. nr. lx.

Consperge pulv. cinnamomi.

Sig. Three to five pills two to three times a day.

120. R̄ Pulv. aloes socotrinæ, gr. lxviij. .
 Extracti rhei, gr. xxxiv.
 Extracti taraxaci, q.s. ut ft. pil. nr. lx.

Consperge pulv. sem. lycopod [&c.]

Sig. Two to four pills to be taken two to three times a day

121. R̄ Tannini puri, gr. xxij.
 Extracti aloes, gr. xlv.
 [Saponis duri], q.s. ut ft. pil. nr. xl.
 Consperge pulv. sem. anisi.
 Sig. Two to three pills twice a day.

NEURALGIA VAGINÆ—NEURALGIA OF THE VAGINA.

When there are material changes of the vagina and uterus, the treatment must be directed to them. The application of leeches between the labia majora and minora, or in the inguinal region, sometimes has a soothing effect on the pain. Repeated use of this remedy may, however, cause amenorrhœa, or lessen the capability for conception. Cold dressings or cold douche seldom do much good. The local douche, with vapour of chloroform or ether, applied by means of Hardy's apparatus,* into which two to three drachms of chloroform are put, and allowed to act on the part for ten to fifteen minutes, or the introduction into the vagina of a pad of cotton wool smeared with chloroform and oil (86), or with opiate ointment (122), creates a decided diminution of the pains. Embrocations with ointment of morphia (123) or belladonna (124) are less effectual than narcosis with vapour of chloroform or ether, or than subcutaneous injection. Wiping over the portio vaginalis uteri with concentrated prussic acid is a method recommended by Simpson, only this dangerous drug dare not be entrusted to the patients. Cauterisation with concentrated solution of nitrate of silver or alum was tried without avail. The internal remedies recommended are tincture of calladium seguinum (125), lupulin (226), preparations of iron (38-40,93), and iodine (91). When

* This consists of a small metallic tube, at one end of which a caoutchouc bottle is fixed, and at the other a nozzle and valve. Into the tube, which is also provided with a valve to let in atmospheric air, is introduced a sponge dipped in chloroform, and the opening is closed with a screw. When the nozzle has got to the part on which the chloroform has to act, the operator compresses the india-rubber bottle, and the vapour therefrom streams out.—*Author's note.*

there is periodical return, quinine, two to fifteen grains and upwards, one to two days before the oncome of the paroxysm. In women who have become anæmic or hydræmic from the number of their bygone confinements, or from uninterrupted sexual indulgence, steel baths and ferruginous waters are of good service when accompanied by other appropriate treatment. In the scrofulous, iodine and salt water baths are indicated; and in patients affected with hæmorrhoids, sulphur springs and saline waters.

122. R Tinct. opii, ʒj.
Unguent. simp., ʒss. M.

Sig. For external use.

123. R Morphiæ pur., gr. vj.—xj.
Unguenti rosati,* gr. cxx. M. exacte.

Sig. A portion the size of a pea to a bean to be rubbed in.

124. R Extracti belladonnæ, gr. v.—xj.
Unguent. emollient,* gr. cxx. M.

Sig. As the last.

125. R Tinct. calladii seguini,† gtt. viij.
Aquæ destillatæ, ʒviij.
Syrupi capillorum veneris,
[Vel Syrupi aurantii flor.], ʒss. M.

Sig. Two tablespoonfuls every three hours.

126. R Lupulini veri, gr. xvij.—xl.
Sacchari lactis, ʒi. M.

Divide in part. eq. ix.

Sig. One powder three times a day.

NYMPHOMANIA.

The treatment of this affection requires attention to the causes. It is often brought on and kept up by

* Cold cream may represent both these; they are similar to one another, and to it.

† *Caladium seguinum* or *Arum seguinum*, a West Indian plant.—
Dr DILLNBERGER.

pruritus and prurigo of the pudenda, by hypertrophy of the clitoris or of the nymphæ, or by excoriations of these parts. If, at the bottom of the complaint, there is merely idleness, too rich and stimulating diet, Onanism, too much sexual indulgence, &c., then regular employment, more sparing, unstimulating diet, self-restraint, and cold baths, are often sufficient for a cure. Anthelmintics are indicated if there are worms, and anti-hysterical agents if there is hysteria. Of the many drugs recommended, camphor (73, 74, 127, 128) deserves the preference.

127. R Camphoræ rasæ, gr. x.-xxij.
 Mucilagin. gummi. arab., fʒij.
 Aquæ tilia, ʒiv.
 Syrupi cinnamom., ʒss.
 [Vel Aquæ cinnamom., ʒiv.
 Syrupi simpl., ʒss.] M.

Sig. One tablespoonful every two to three hours.

128. R Camphoræ triturat., gr. xxxiv.
 Pulv. gummi. arab., gr. lxvij.
 Aceti,
 Aq. fontan, āā ʒiij. M.

Sig. To be used as a wash.

129. R Morphia acet., gr. j.
 Sacchari albi, gr. x. M.

Divide in partes equales iv.

Sig. In the evening one powder to be strewed on the part, denuded by a blister.

130. R Veratrini, gr. ij.-vj.
 Unguenti rosati,* gr. cxx. M. exacte.

Sig. The ointment.

ODONTALGIA GRAVIDARUM—TOOTHACHE OF PREGNANT WOMEN.

The treatment ought to be antiphlogistic, antagonistic, or mechanical, according to the cause of the toothache. The application of leeches to the gum has, as a rule, no lasting effect. Cold is seldom well borne. Rubbing

* Cold cream, ceratum Galeni.

into the cheeks a liniment of oil and chloroform (86), ether, or gin, and dropping these agents on the skin so that they evaporate, are some of the best palliative means. The employment of electricity, too, with Duchenne's apparatus, effects a quick and decided improvement; as also does, at times, acetate of morphia (31) by the mouth, or given subcutaneously, or applied endermically (129) behind the ears; or again, an ointment of veratrin (130). When there is a periodic tendency, quinine does good service. In the most severe cases extraction of teeth may be resorted to, chloroform being given for fear of abortion taking place.

CEDEMA VAGINÆ—CEDEMA OF THE OUTER GENITALS.

During pregnancy the only means attended with benefit in œdema of the genitals are rest, cleanliness, and the application of aromatic herb-bags and fomentations (96-101), of warm, dry clothes, and aperients. Shallow scarifications produce, indeed, a diminution of the swelling, but do not prevent its filling up, and readily bring on abortion.

OOPHORITIS. INFLAMMATIO OVARII—INFLAMMATION OF THE OVARY.

Inflammation of the ovary requires the application of leeches to the portio vaginalis uteri, or to the vaginal vault, cooling drinks (50-56) when the fever gets rather high, and mild aperients or aperient injections. Embrocations with mercurial ointment [diluted], iodide of potassium (35), brushing with tincture of iodine or glycerine of iodine (92). In chronic inflammation local abstraction of blood every eight to fourteen days, or embrocations with iodine ointment are recommended, also the iodized mineral waters of Hall, Luhatschowitz, Bassen, Zaizon, Lippik, Iwonicz, Heilbronn, Krankenheil, &c., sitzbaths, salt-water baths, and sea-bathing.

PHLEBECTASIS HÆMORRHOIDALIS—HÆMORRHOIDS.

When there is constipation order injections, mild aperients, pulp of prunes, of tamarinds, of cassia, lenitive electuary.* Cream of tartar (57, 58), jalap (118, 119), or aloes (118, 120); the last may be of service even in pregnant or nursing women, without producing at the same time any unpleasant effects. Sulphur is to be avoided as an aperient for women giving suck, because it gets rapidly into the milk, and gives the child colic. A sponge dipped in watery solution of opium and laid on the piles soothes the pain; so does belladonna ointment (124), or Buchan's liniment (131). In some cases cold dressings, sitzbaths, or moist warmth; local bloodlettings are seldom useful. The replacement of piles during labour is very painful and very useless, because they come down again with the next pain. According to Braun relief may be afforded to the pains caused by piles in the second stage of labour by the use of the forceps, and in the worst cases by moderate narcosis. Hæmorrhoids that are not painful are often improved by an india-rubber T-bandage.

131. R Unguenti populi, † ʒj.

Opii puri., gr. cxx.

Vitellum ovi unius. M.

Sig. To be spread on charpie [or lint.], and applied to the painful parts.

* R Pulpæ tamarindorum depurat., grammata 300; roob [ext.] sambuci [fruct.], grammata 100; pulveris foliorum sennæ, pulveris kali hydrotartarici [pot. tart. acid.], āā grammata 50. Mellis depurat. q.s.; fiat leni calore in balneo aquæ electuarium. Loco frigido, sicco serva.—*Phar. Austriaca*. Gramma equal to 15·434 grains troy.

† Used merely as a basis. Simple ointment made with benzoated lard is a sufficient substitute. Ungt. gallæ cum opio is a good application to piles that are not, or not much, inflamed.

PHLEBOTHROMBOSIS PUERPERALIS — PHLEGMASIA ALBA DOLENS—PAINFUL WHITE SWELLING OF THE LEG IN LYING-IN WOMEN.

At the beginning of the complaint we may employ local bloodletting at the top of the thigh below the groin, mild aperients, embrocations with mercurial ointment [diluted with one part lard to two ungt. hyd.]. The painful distension is relieved by rubbing lard into the affected part, and wrapping in cotton wool, as also by a horizontal position of the limb, with the knee slightly bent. When there is considerable inflammation, ice-dressings, and, after this has passed, enveloping the limb in warm aromatic (98-101), herb-bags, or lavement with spirit of camphor, are good measures. If the swelling becomes doughy and cedematous, the whole limb from foot to groin must be enveloped in cotton wool, or bandaged with flannel. Severe pain is alleviated by morphia (31, 32), or opium (30), along with embrocations of ointment of opium (102, 122, 130), morphia (123), or belladonna (124.) When abscesses are formed, use poulticing (96-101) and early incision.

PHYSOMETRA. TYMPANITIS UTERI.

The indications are to remove from the womb the gas collected there, and to prevent the formation of more. To drive out the collection of gas, *secale cornutum* is used (1-4, 68), or a probe or the finger is employed to dilate the cervix. To prevent re-formation of the gases, compression of the abdomen with a binder, and artificial dilatation of the cervix (for the easier exit of the decomposing organic matters), have been recommended. Injections of a purifying sort into the cavity of the womb may also be had recourse to, but cautiously, for fear of causing metritis.

PLACENTA PRÆVIA—ATTACHMENT OF THE PLACENTA TO
THE NECK OF THE WOMB.

In the hæmorrhage which occurs from placenta prævia during pregnancy, the patient must be kept at rest in the horizontal posture with elevated pelvis, must be only lightly clothed, and have a moderately nourishing diet with acidulous drinks (50–56); at the same time the functions of the bladder must be attended to, the bowels regulated by coldish injections, attacks of coughing or vomiting must be stayed, and over-anxiety of mind must be relieved by narcotics (30–32). Abstractions of blood, and astringents by the mouth, or in the form of injection, ought to be avoided. When there is uterine hæmorrhage, either temporary but vigorous, or slighter but continuous, during the last three months, colpeurysis* should be resorted to, even when there is no indication of labour-pains; even, too, if premature labour is brought on, because hæmorrhage at this period, when it produces anæmia, generally leads to premature delivery of itself.

When labour pains have already begun, Braun teaches that in the first stage, before rupture of the membranes, colpeurysis with ice-cold water should be employed till the pains get energetic, in any perilous hæmorrhage, whatever the presentation may be, if the child be mature, or capable of life and alive. After rupture of the membranes, the colpeurynter must never be used whether the bleeding be slight or severe, the os uteri wide or narrow. In the afterbirth stage the placenta, being generally quite separated, is quickly removed; if hemiparesis [partial loss of power] and hæmorrhage from the womb come on, the latter must be compressed,† cold injections used, and ergot (1–4, 12, 68) ordered.

* See note, p. 4.

† “Massirt,” see note, p. 3.

POLYPI UTERI—POLYPI OF THE WOMB.

These can be cured only by operative proceeding. Several methods of removal are practised :—

Torsion. This is proper only in case of protruding mucous polypi formed of connective tissue, not in intrauterine fibrous polypi which spring by a firm stalk from the fundus uteri. Braun prefers the *Pince à crémaillaire* to the other polypus forceps, because the cellular pedicle can easily be reached and pinched off with the sharp edges of the apertures in this instrument. Artificial delivery [protrusion] of the polypus is managed by closing the cervix with a sponge tent (the polypus being in the womb), in consequence of which the growth comes down into the vagina within a few days. This proceeding is quite without danger when it is prudently set about, when thin and short tents and cones are used, and gradually replaced by thicker ones, and these instruments not allowed to remain more than twelve to fourteen hours, while intervals of the same length are allowed before another tent is introduced. Braun uses for this purpose isocles pyramids cut out of compressed sponge, and provided at the base with a fillet, their edges levelled with a knife, and well smeared with lard; these he grasps by the base in a *Pince à crémaillaire*, pushes them over half their length into the cervix, and leaves them there.

Ligature, or dividing the pedicle of the polypus by mechanical force, is another method, for which are used double cylinders, ligature-staves, polypus-binders, and different sorts of forceps and chains. Chassaignac has modified the old ligature-apparatus in the *écraseur* in this respect, that instead of the old silken or metallic loop he has introduced a jointed chain, and a more solid apparatus for compression. Maissonneuve's *Ligature extemporanée* replaces the chain by a strong iron wire. It is true that many disadvantages of the old apparatus for ligature are avoided in Chassaignac's *écraseur* and Maissonneuve's constrictor; but these instruments, too,

are often difficult of application, and in some cases really cannot be applied at all.

Excision is carried out by pulling down the polypus after it has been seized with Museux's forceps,* and dividing the stalk with a strong scissors bent in its own plane, or with the somewhat sickle-shaped, bluntly probe-pointed scalpel of Sauter. This method has the advantage that it cures the polypus quickly, but also the disadvantages that perilous injuries, and primary and secondary hæmorrhage, may arise from it very easily.

The *galvano-caustic apparatus*, with one of Middel-dorpf's ligature loops, unites all the advantages of ligature and excision, and must therefore be considered the surest and best method for treating fibrous polypi.

Polypi of the vagina are removed by the same proceedings.

PROLAPSUS PLACENTÆ—PROLAPSE OF THE PLACENTA.

Treatment should be conducted on the same principles as with placenta prævia, and in accordance with the violence of the hæmorrhage. If there is no bleeding, the physician, Braun teaches, should be passive; if the os uteri is narrow, he should use the colpeurynter, and he should proceed to turn, if this may be easily done, if the child is capable of life, and hæmorrhage is severe. When the foetus is incapable of life or dead, the expulsion of the separated placenta, and of the child, if there is no cross-birth, should be left to nature, if the degree of the hæmorrhage is not such as to demand operative interference.

PROLAPSUS VAGINÆ—PROLAPSE OF THE VAGINA.

During pregnancy the prolapsed vagina must be kept back, and due evacuation of the bladder and bowels

* Resembles a long, slender vulcellum bent in the plane of its scissors-action.

must be seen to; introduction of a properly shaped sponge into the vagina, and application of a T-bandage, may also be of some use. During labour the prolapsed fold must be pushed back. After delivery the patient must remain for a considerable time in a horizontal position, and after some weeks astringent injections (9, 45, 62, 111, 112) should be used. Pessaries are not always sufficient to prevent prolapse of the lower part of the vagina. Operative interference has also but limited scope.

PRURITUS PUDENDORUM—ITCHING AND ITCHY ERUPTION
OF THE GENITALS.

To counteract these troublesome and often very obstinate affections, the following things are recommended:—Embrocations with ointments of opium (102, 122, 131), morphia (123), belladonna (103, 124), liniment of chloroform (86), cold sitzbaths, ablution with cold water, with decoction of poppy heads, dressings with watery solution of opium, alum (132), tannin (45), catechu (111), rhatany (112), zinc (62), lead (133), borax (134), common salt, corrosive sublimate (135), creasote, and chlorine water, superficial cauterisation with nitrate of silver. For internal use may be employed:—Morphia (31, 32), opium (30, 105), tincture of calladium seguinum (125). Along with these measures the patient must be kept as much as possible from scratching, an unstimulating diet and cool bed must be ordered, and regular evacuation of the bowels must be attended to. Treatment must also be directed to any constitutional affections present.

132. *R.* Aluminis crudi, gr. cxxxvj.

Aquæ lavandulæ,* \mathfrak{z} viiij. Solve.

Sig. For dressings.

133. *R.* Plumbi acet. depur., gr. xj.

Aq. menth. pip. $\mathfrak{f}\mathfrak{z}$ xv. Solve.

Sig. As the last.

* Use aqua camphoræ.

134. R Boracis venalis, gr. cxxxvj.
Solve in aq. meliss.,* *libra* j.

Sig. As the last.

135. R Hydrargyri corros. sublimat., gr. j.-ij.
Aquæ rosæ, f $\overline{3}$ xv. Solve.

Sig. As the last.

RUPTURA PERINÆI—RUPTURE OF THE PERINEUM.

Small recent ruptures heal spontaneously if lying on either side alternately, with thighs drawn up and knees bent, be persevered in for five to eight days, the greatest cleanliness being preserved, and the surfaces of the rupture kept in close contact. More considerable clefts require *serresfines* or the suture. The *serresfines* (little elastic pincers of hardened silver, or silver-plated wire, resembling crab's claws, a half to one inch long, and varying in thickness, with the arms of which the margins of the wound, to a depth of a quarter to half an inch, are seized and fastened together) may be used with advantage, especially in those cases where the lochial discharge is not of too corroding a nature, where the bowels may be kept quiet for four to five days, where no other affection is present, and where the bloodless suture has been applied not later than the first day after the occurrence of the rupture. Two *serresfines* are enough for a fissure one inch long, and should be placed half an inch apart, and changed every twelve hours, to prevent them pressing their way through the tissues, or getting torn out. Some form a connecting medium by brushing the margins of the wound with collodion, and applying cross connecting strips of linen. The closing of the rupture by the common ["bloody"] suture is painful, and the results are no better than from the *serresfines*. For this method fine Carlsbad needles are used, are thrust through the margins of the wound, the perineum covered with the

* Balm tea. Any other aromatic water may be used, or mel boracis with water.

figure-of-eight turns of the ligature round them, and the sharp and blunt ends of the needles cut off. When there is a high degree of contusion and gangrene of the perineum, interference must be postponed till the wound is healthy and granulation has set in, and then union of the surfaces of the wound must be attempted with the quilled suture, on which being done, coalescence of the granulations, and cure sometimes follow. Perineal ruptures of old standing are usually completely cured neither by the methods just described, nor by paring the edges with the knife and employing the suture, but only by a perineo-plastic operation.

Among the various methods of performing a perineo-plastic operation, that of Schuh has proved most useful, and accordingly a verbal description of it is given here. It essentially consists,—(1.) In forming a wound with a triangular surface on each side of the perineum, the upper angle of which surface corresponds to the highest point of the cleft in the recto-vaginal septum, while the other angles lie both at the same level in directions forward and backward from it; but, in both cases, are situated somewhat deeper than the skin of the entire perineum was; (2.) In uniting the denuded surfaces, after applying them to one another, by a quilled suture, with the assistance of a superficial interrupted suture.

To prepare for the operation the surgeon must limit the quantity of food taken for a day before, give a mild purgative, that no motion of the bowels may occur for a considerable time, and cleanse the vagina and the rectum by throwing up warm water. The instruments required are a scalpel, a sharp-pointed bistoury, a forceps, a scissors, three very large and strong stitching needles, such as one uses for an abdominal suture, and into which the two free ends of a strong waxed thread, doubled at the middle, are threaded to the extent of a couple of inches; two cylinders of wood, of a length somewhat greater than that of the perineum about to be formed, covered with sticking plaster; small stitching needles with single threads. For many cases one

requires a probe-pointed bistoury, and two to three simple loopfasteners* three to four inches long (Schreger's), made of wood or whalebone.

The position of the patient is that for lithotomy. Patients who are not narcotised, may, if they like, lie on the side with thighs drawn up and knees bent, a pillow being put between the knees. In the second position the patients are able to keep longer quiet; in the first, on the other hand, the operator has better access, and can see better what he is about.

Four assistants are required. One manages the chloroform; two, if the patient is on her back, keep the lower extremities bent, and in the proper position, or separate the buttocks in the second position of the patient, and a fourth stays the bleeding, and helps the operator at each step; the operator sits on a chair. In case of restless patients, if not narcotised, the operator must mark out the surfaces to be denuded by lines made with nitrate of silver the day before, otherwise they readily turn out of unequal size and unsymmetrical. The cutting commences at the uppermost part of the cleft in the recto-vaginal septum—that is, in the place where the upper angles of the two triangular wound surfaces are to meet. If the fissure goes high up, the paring is best managed with a sharp-pointed bistoury, which is thrust through at the most convenient place, two to three lines from the margin of the fissure, and carried right and left outwards and downwards through the tissues, the parts being drawn into an arched shape, and stretched, by the left hand of the operator. If the split [in the recto-vaginal septum] does not go high up, a scalpel is preferable; with it two parallel arched lines of incision are described, and then the bridge of tissue between them is removed to the thickness of two lines; so far, then, the operator has produced a strip of denuded tissue, which joins the two triangular surfaces about to be made in the manner of the arch of a vault.

* “Schlingenschnürer”—galvano-caustic loops.—Dr DILLNBERGER.

From the posterior boundary of this strip the knife is carried through the well-stretched skin of one side close to the mucous membrane, and directly downwards, so that the end of the incision comes to be four to six lines below the level of the anus. If a scarred part should still be left posteriorly to a line drawn in this way perpendicularly, or if prolapsus ani has to be contended with during the operation, then the cut should be carried a little backwards, so that, in the first case, the retracted fibres of the sphincter muscle may be with certainty exposed, and, in the second case, that there may be no mistake about the artificial perineum going far enough back. Next, the operator, beginning from the foremost limit of the denuded strip first made, must draw the anterior side of the triangle with the knife, and this side must have a decided direction forwards, that the artificial perineum may be notably more extensive in a forward direction than the normal one, and the fissure of the vulva may be diminished. This line of incision, therefore, the surgeon makes over the inner scarred surface of the prolongation of the labium, and beyond this outwards on the anterior part of the buttock. Finally, the ends of the two lines of incision are connected by a third line which runs horizontally, and comes to lie a little deeper in level than the original perineum. This line settles the length of the new perineum, which, just after the operation, must be considerably greater than the normal measurement. The proceedings described must now be followed out on the opposite side.

In the second stage of the operation the skin, as marked out by the lines of incision, both the scarry upper part and the lower sound part, is removed on either side, care being taken not to leave a ridged surface. In the region of the sphincter ani the layer removed ought to be somewhat thicker, so that the bundles of muscular fibre are laid bare. If the operator surveys the extent of the denuded surfaces thus formed, and brings them, by way of trial, into contact by press-

ing the buttocks together, it appears to every one who does this operation for the first time that the surfaces are much too large, and that the buttocks will, in great part, be made to grow together. This ought to be so, however, because during the process of cicatrisation the perineum, after the lapse of several weeks, gets drawn very much upwards, and shortens amazingly.

The third stage is liable to many modifications. If the rent in the perineum does not extend far upwards, and hence the denuded triangular surfaces are in immediate contact at their upper angles, or are kept from this only by a short denuded strip, the application of the quill suture is proceeded with at once. But if the septum is split for some distance upwards, and the strip of denuded surface that forms the point of the arch is long, the septum must first be stitched to the point where the triangular surfaces begin by the interrupted suture. This is managed either with common sewing needles, the surgeon letting the ends hang out a long way on the vaginal aspect of the wound after tying knots on them, and taking care to prevent all confusion by giving the uppermost thread one knot, the second two, &c. ; or the operator leaves the interrupted suture method, and brings the margins of the wound into contact by means of the loopfasteners after the threads have been drawn through. When this last proceeding is adopted, the undoing of the suture is easier. A matter which deserves much attention is the plan proposed by Horner, of dividing the sphincter ani on each side of the coccyx, that the suture may not suffer, the first time the bowels are moved. Dieffenbach, indeed, finds fault with this measure, and says it is very objectionable ; Schuh, however, takes Horner's part, and from experience of it holds this by no means dangerous addition to the operation, if not absolutely necessary, still, in the highest degree prudent, especially when the patients are apt to suffer from diarrhœa, either habitually or on very slight provocation. Division of the sphincter must, however, be left unperformed when

we have to keep back a prolapsed bowel, which is very seldom the case. The proceeding is a very simple one, and is carried out before the application of the quill suture, with a probe-pointed bistoury, in the same way as for spasmodic constriction of the rectum. Should a fold of the mucous membrane of the rectum appear at this moment, it must be tied immediately.

To apply the quill suture, which Roux and Duparcque pointed out to be alone suitable, and which cannot in any case be advantageously replaced, as Dieffenbach says it can, by the interrupted suture, a very large needle is entered, half an inch to one inch from the middle of the horizontal side of the triangular surface, and is carried upwards to the upper angle of the triangle, or to the lowest stitch of the interrupted suture, if this has been used.

When the triangles are very large, the needle must be helped to pierce the tissues by a Dieffenbach's needle-holder. At a point corresponding to that of emergence the needle is again entered, and is brought out at a distance from the edge, the same as that when it first entered. The second stitch is made behind, and the third in front of this one, and they are all three made to lie at equal distance from one another. The last two do not, of course, reach upwards to the upper angle of the triangle, but pierce about the middle of the anterior and posterior limbs. One cylinder is put within the loops of the threads, and the other between the free ends, and they are then so tightly tied down with a knot and loop, that the denuded surfaces are in their whole depth closely pressed against one another. The surgeon must at this stage take care that no fold of the mucous membrane of the presumably weakened rectum intrudes between two suture-ligatures, and, getting entangled, hinders the immediate union of the margins of the wound; to guard against this, a digital examination of the vagina must be prudently and cautiously made.

If such a fold is found, and it will not stay in the rectum when merely pressed back with a probe, then one more stitch of the interrupted suture must be

applied at the part, the passage of the needle being guided by a finger in the rectum. If there is any difficulty, the quill suture may even be lifted up for a moment.

Lastly, in order to bring together the edges of the wound, which always gape a little, stitches enough of interrupted suture are made to secure contact at every point.

The after treatment requires care. The patient must lie now on one side, now on the other, moderately bending the knees and hips. In order to avoid the occurrence of pains in the thighs, a pillow should be put between the knees. The feverishness that follows the operation is moderate, and requires no particular treatment. The local inflammation is to a limited extent, and does not need cold water dressings. The retention of urine which sometimes comes on is relieved by the catheter. It is advantageous, if not indispensable, to draw off the urine in every case with the catheter, so as to prevent any injury whatever to the wound on that score. For the same reason the surgeon should, from the second day after the operation, inject warm water into the vagina several times daily. When this is done, the process of healing goes on rapidly even under a steady and abundant leucorrhœa.

It is absolutely necessary that the bowels should not be moved for eight days. The diet should be very limited ; and to all patients, who do not without it suffer from obstinate constipation, opium must be given.

The outer interrupted suture may be undone in three to five days. The posterior half should be taken out a day or two after the anterior, since close union of the sphincter is especially necessary. If sutures were required in the recto-vaginal septum, their removal should be set about with exceeding tardiness and caution. If the loop-fasteners have been used, nothing can happen from their removal. But if a simple interrupted suture has been made, the uppermost protruding thread must be a little drawn on, so that the finger of the left hand may

have a guide to the knot. A fine director must be pushed under the thread, and on this the thread must be cut with the scissors or a bistoury.

The quilled suture may not be removed before the sixth or seventh day. Previously to this time the holes made by the needles are already suppurating, and when the suture is raised a comparatively large quantity of matter sometimes escapes partly through the apertures for the stitches, partly from the vagina. If, on the removal of the cylinder, it is noticed that the margins do not meet properly, they must be bound up anew, the threads having never been removed from the tissues; the parts should have been first thoroughly cleared by injecting water. If the surfaces have separated entirely from one another, one to two days after removal of the whole suture, then a quilled suture must again be applied, but with only two stitches, one of them very near the rectum. The stitches must never be made through the former openings, because the cutting of the threads into the tissues, which already without that has proceeded to a certain extent in the deepest parts of the wound, will be increased. The denude surfaces need not be drawn away from one another at the passing of the second suture, all the less because the stitches have not to go through the highest points of these surfaces.

If union has been accomplished, a motion of the bowels may be thought of about eight to nine days after the operation. Lenitive electuary* or castor oil may be given, strong pushing and pressing must be forbidden and the surgeon must, if the stool is hard and has remained a considerable time in the rectum, assist the evacuation with a small wooden spatula. From this time onwards more substantial food may be given, and a simple oily injection should be administered daily.

If a portion of feces escapes through the vagina the first time the bowels are loosely moved, the hope of a

* Confection of senna.

complete cure need not be given up. This circumstance occurs rather often when the fissure of the perineum reaches high up, sometimes because the inner interrupted suture had torn through the tissues, and sometimes because the quilled suture caused division of the tissues in the neighbourhood of the upper angle of the triangle. The finger introduced into the rectum finds a recto-vaginal fistula which may be big enough to let the point of the finger through. However, if cleansing be diligently attended to by means of two warm sitz-baths daily, and of injections, the whole part contracts so that no more of the injected fluid escapes into the vagina, and only wind can pass; and, at last, this too cannot find such an exit. When the fistula is too slow in diminishing, the repeated application of nitrate of silver is required.

RUPTURA UTERI—RUPTURE OF THE WOMB.

According to Braun, rupture of the uterus is treated in three ways, viz., by extraction of the child through the natural passages, by artificial openings in the soft parts, and by leaving extraction alone, and awaiting a natural cure, and the expulsion of the foetus through opened abscesses. If the mouth of the womb is well dilated, extraction with the forceps is also recommended, when the head is high and movable; only the head, which is apt to slip backwards, must be fixed by the hands of an assistant operating through the abdominal wall. The forceps must be put on by Hatin's method,* and its gliding off the head must be carefully guarded against. After the child has been got out, the placenta must be removed at once. If a high degree of contracted pelvis, or if hydrocephalus is present, and the child is dead, the accoucheur must proceed with trepanning and cephalotripsy. Turning and delivery of the child feet first, is a very doubtful method of procedure. If the foetus has got into the cavity of the abdomen, and the rupture is already so small from contraction of the uterus,

* Equivalent to the use of the long forceps in this country.

that extraction by the natural passages cannot longer be attempted, then, according to Späth, laparotomie* is indicated, if the foetus is still alive, its movements and heart-beats observable.

When the mouth of the womb is closed, and the cervix is moderately distended, it will be necessary to perform section of the external os and extraction. If, however, a rupture occurs when the neck is quite undistended and closed, induction of premature labour should, provided the child is living and capable of life, be set about by means of puncture of the membranes—this, in order to avoid the extravasation of the foetal waters into the peritoneal cavity. When the neck of the womb is undistended and very narrow, and the child incapable of life, the accoucheur should not think of any operation, but leave the cure to nature, laying the mother on the side opposite to that where the rupture is, and staying the hæmorrhage with ice-cold dressings on the abdomen, and introduction of bits of ice into the vagina, the pain by opiates (13, 14, 30, 31, 32), and the nervous shock by analeptics. Injections into the cavity of the womb and tamponing must be avoided. Inflammation of the uterus and of the peritoneum must be treated according to general rules. If nature, when the foetus has remained in the abdominal cavity, appears to strive to eliminate it by suppuration and perforation of the abdominal wall, the process must be facilitated by warm poultices and early opening.

RUPTURA VAGINÆ—RUPTURE OF THE VAGINA.

The bleeding is stayed by cold applications; and when the rupture does not communicate with the abdominal cavity, by cold injections and introduction of bits of ice into the vagina. To promote healing we should, according to Späth, provide for easy escape of the lochia, since in this way, and by daily warm injections, we can prevent gangrene. If a rupture into the bladder or

* *Λαπαροτομία*, the abdominal and lumbar region; *τελευτών*.

into the rectum has taken place in consequence of severe contusion during labour, the greatest cleanliness must be observed, and after the puerperal state is over, the operation must be performed.

STERILITAS—BARRENNESS.

The treatment of barrenness in a woman is various, depending on the particular cause. This may be either inability for coition or inability for conception. The former usually depends on an unhealthy state of the vagina, such as one of the following:—Impermeability and narrowness of the vagina and the external genital organs; unusual size of the nymphæ, the clitoris, and the carunculæ myrtiformes; hypertrophy of these parts and of the external labia; different forms of hermaphroditism, and of fusion of rectum and vagina; dislocations and herniæ of the vagina and of the external genitals; neuroses of the external genitals (pruritus and spasmus vulvæ); caruncles or fungous excrescences of the orifice of the urethra, when particularly large or painful; urethrovaginal fistulæ; abscesses of the glands of Bartholin; erysipelatous and œdematous inflammations of the external genitals, lupus, herpes, eczema, lichen, prurigo; morbid growths in the pelvis, and serious malformations in the pelvic outlet.

Inability for conception may depend on—(1.) Organic and functional lesions of the womb. To this head belong—absence of the womb, its rudimentary condition, or arrest of its development at the foetal or infantile stage (entails permanent barrenness); premature senile atrophy of the organ; congenital impermeability of the os uteri; flexions and prolapsus of the womb; displacements of the womb from retroperitoneal exudations and morbid growths, if, from their situation or extent, they cause closure of the cervix uteri or wasting of the uterine tissue; a diseased state of the uterine mucous membrane; chronic inflammation of the womb, fluor albus, and anomalies of menstruation. (2.) Dis-

eases of the oviducts and ovaries, as—narrowness and impermeability of both Fallopian tubes; failure of development in the ovaries; destruction of the ovaries from formation of abscesses; chronic inflammation and premature senile atrophy of the same; morbid growths in both ovaries. The sterility of many young, and apparently healthy women, who menstruate regularly, and have normal sexual organs, arises also, according to Braun, thus—either Graafian vesicles are never matured and burst, because mental and emotional impressions act prejudicially to this process, or because there is deficient innervation of the ovaries, or because over great scarring in the ovaries spoils the development of Graafian vesicles; or the liability of some women for conception is limited, we do not know why, to certain times that nothing reveals to us. The most favourable time for impregnation is believed to be the first days after normal menstruation, while the days farthest from the menstrual period are least favourable to conception. Several observers have noticed conceptions after coitus during the menstrual period.

SYPHILIS GRAVIDARUM—SYPHILIS OF PREGNANT WOMEN.

In the treatment of the syphilis of pregnant women there are different opinions. Some believe that by the use of mercurials the foetus is easily killed, and abortion brought on. But since we know that pregnant women, who are infected with a decided syphilitic dyscrasia, usually abort in the second half of the pregnant period, pregnancy cannot be a counter-indication to the administration of mercury, while, by prudent treatment of the mother, the life of the offspring can be preserved. If confinement is very near at hand, a merely palliative treatment must be observed for the time being, and a radical treatment after the puerperal state is over. The most suitable are the milder preparations of mercury—as embrocation of unguent. cinereum* in small

* See note, p. 58.

doses (136); internally, proto-iodide of mercury (137), calomel (138), Plummer's powder (139). Chancres must be healed up with aqua calcis, aqua plumbica, or decoct. cinchonæ, or with sulphate of zinc and opium (140), in order that they may not inoculate the child during delivery; strong caustics are to be avoided because they may readily cause abortion. Condylomata at the mouth of the vagina require expectant treatment during the last three months of pregnancy, because it is an easy matter to bring on abortion by local attempts at removal. During delivery, ulcers and condylomata should be touched with lunar caustic, covered with collodion, or with a cerate, injections of oil should be thrown into the vagina, the new-born child should be carefully bathed, every excoriation touched with caustic, and every opportunity for infection through the mother at a late date avoided with the greatest care. Syphilitic mothers should be made to nurse their children for several weeks, according to Braun (if they suffer little, and are otherwise able for nursing); in the third week, however, artificial nursing is to be preferred. When a mother, who has constitutional syphilis, cannot nurse her child, the latter, though only presumably syphilitic and apparently healthy, must not be given up to a strange nurse, because congenital syphilis does not appear till later, and then the nurse may be infected in giving suck.

136.* R [Unguenti hydrargyri, gr. xc.-cxxxvj.]
Divide in dos. viij. Put in waxed paper.
Sig. For rubbing in.

137. R Hydrarg. ioidid. virid., gr. ix.
Opii puri, gr. ij.-iv.
Extracti et pulv. rad. acori.
[Vel Ext. gentian, taraxaci, anthemid., &c., cum
pulv. glycyrrhizæ] q.s. ut ft. pil. nr. xvj.
Consperge pulv. sem. lycopod.
Sig. One pill morning and evening.

* Substituted for a mixture of Unguent. hydrargyri mit. and U. H. fort.

138. R Calomelanos, gr. xiiij.

Opii puri, gr. ij.

Sacchari albi, gr. ex. M.

Divide in dos. xij.

Sig. One powder morning and evening.

139. [R Pil. calomel co. gr. v. pro dos.

Sig. One pill morning and evening.]*

140 R Decocti cinchonæ pallid. ex ℥j.

Colaturæ unciarum iv.

adde

Zinc sulph. crystall., gr. iv.—ix.

Tinct. anodyn., ℥xx.

Sig. For external use.

ULCERA UTERI—ULCERS OF THE WOMB.

Catarrhal ulcers (erosions), which commonly occur in company with chronic uterine catarrh, are touched with lunar caustic; when the erosions bleed, one may use a solution of nitrate of silver (141), the fluid being allowed to run in through a speculum, left in contact with the part for four or five minutes, and then let run out again. It is necessary, however, to inject the vagina with water before the cauterising, in order to cleanse away the mucus or pus that covers the ulcers.

The so-named granulating ulcers of the os, which arise from neglected or badly treated excoriations of the usual sort, require more decided treatment. When there is inflammatory swelling of the womb leeches must be applied, when there is pain without inflammatory swelling, narcotic injections and narcotics internally must be ordered (30–32, 104–108). If the ulcer is languid, not indurated nor insensible, injections of astringent substances—alum (9), tannin (45), zinc (62), catechu (111), rhatany (112), &c.—are appropriate; if these are not sufficient, recourse must be had to cauterising with nitrate of silver, solutio Plenckii (142), or with Vienna paste in the form of sticks (143), after which,

* Instead of powders of similar composition.

however, the ulcers must be well dried, and cold water must be injected. If these applications have likewise no effect, the actual cautery must be applied. In the case of fungous ulcers, the excrescences should be cut off, and the sores cauterised ; if the latter extend into the canal of the cervix, solid caustic must be introduced to cauterise them. General treatment as well as local is often needed for uterine ulcers. Since the patients generally lose strength from them, ferruginous baths, river baths, cinchona (36, 37, 65), or steel (38-40), are indicated.

Phagedænic ulcers require antiphlogistic treatment when inflammation is present ; afterwards cauterisation with lunar caustic, solutio Plenki [142], &c. In the remaining cases a treatment of symptoms is required, according to the same principles as for carcinoma uteri. Syphilitic ulcers require mercury. (See "Syphilitic ulcers" and "Syphilis cutanea" in the "Pocketbook of Surgical Diseases."*)

141. R Argenti nitratis crystallin. gr. iv.

Aquæ destillatæ, ℥ij. Solve.

Put in a dark-glass bottle.

Sig. For external use.

142. R Hydrargyri corrosiv. sub.,

Aluminis,

Camphoræ,

Plumbi carbonatis, āā gr. lxviij.

† Spirit vini rect., ℥. lxxx.

† Aceti, f℥j. M.

Sig. Plenki's solution.

143. R Potassæ fusæ, gr. lx.

Calcis vivæ, gr. xxx.

Fuse in the usual way into a small stick.

Sig. For cauterising.

* Not translated into English.

† By weight ℥j. of each.

VARICES—VARICOSE VEINS.

Varicosities on the lower extremities and external genitals occur rather often in pregnant women, and frequently disappear of themselves after delivery. The treatment of them must be, above all, dietetic, consisting in the avoidance of every considerable bodily strain. The support of bandages or laced stockings* makes walking easier, and relieves disagreeable sensations. Inflammation of the varices requires both repose of the body and dressings with cold water or Goulard's water. Hæmorrhage, ensuing on the rupture of a varicosity, must be stayed by careful compression, because it may end fatally under unfavourable circumstances.

VOMITUS GRAVIDARUM—VOMITING OF PREGNANT WOMEN.

Vomiting is a common occurrence in the first half of the pregnant period, and during labour, especially in the first stage. It is most abundant and common about the fifth and the sixth month, after that it often ceases of itself; sometimes it is very obstinate and troublesome, but seldom is it dangerous. For internal use may be employed—drugs containing carbonic acid, as effervescing powders, *potio Riveri*,† soda water, effervescing lemonade, iced champagne, potassic (144) and sodic carbonate, seltzer water, Bilin water, Giesshübler, Rohitscher, Gleichenberger waters, and other acidulous drinks. Bitter, tonic, and antispasmodic remedies are such as—*radix calami*, *calumba* (145), *valerian* (146), *flores aurantii*, *herba absinthii*, *folia melissæ*, *menthæ*, *cortex cinnamomi*, *nux moschata*, *assafoetida*, *pepsin*, *ethereal drugs* (147), lumps of ice, iced water, ices, old wine, good liqueurs, *café noir*, Russian tea.‡ When the affection is of intermittent type, quinine should be used ;

* Elastic stockings are now generally recommended in this country.

† See note, p. 22.

‡ Made, I believe, either from *Veronica major* or from *Verbascum Thapsus*.

when there is chlorosis, iron (38-40). Of narcotic drugs, aqua Laurocerasi (32), aqua amygdalarum amararum,* opium (30), morphia (31), belladonna (104), nux vomica (148, 149), are useful. Magisterium bismuthi (150), creasote (151), tincture of iodine (152), and mineral acids, are also recommended. By way of general treatment, we must try to improve the state of the blood, obviate over-irritability of the nervous system, and see that a regimen is observed. For external application are useful—embrocations of belladonna into the portio uteri vaginalis (16, 124), or on the abdomen, leeches to the portio vaginalis, theriac plaster,† and inhalations of opium.‡ If the medicinal treatment has no result, and the life of the mother seems plainly endangered if pregnancy continue, premature induction of labour must be practised, it being certain that the child is capable of life; for this to be secured, the time for the operation is to be chosen at least thirty-two weeks after the commencement of pregnancy, in order that the independent life and the health of the child may be promoted as much as possible.

144. R Potassæ carbonat. puri, gr. lxxvij.-cxxxvj.
 Succī citri recentis q.s. ad perfectam saturationem.
 Aquæ menthæ pip., ℥iv.
 Syrupi capillorum veneris.
 [Vel Syrupi aurantii florum.] ℥ss. M.

Sig. One tablespoonful every one to two hours.

* Aq. am. am. conc. is made thus:—Take of bitter almonds, 1000 grammes. Bruise, and free from the fatty oil by repeated expression. Reduce the expressed cake to a powder that will pass through a sieve, and divide into twelve parts. Set aside one part, gradually pour the remaining eleven parts into a distiller which contains of common boiling water 10,000 grammes. Let the mixture boil for some minutes, then remove the heat. After cooling, add the remaining part of the almond cake. Let it sit for a day and night, then distil till 2000 grammes have passed over. Keep in smallish bottles, filled to the top, well stopped, in a dark, cool place.—*Ph. Aust.*

† Essential constituent opium, about 1 in 100.

‡ Opium is dissolved in hot water in an inhalation apparatus, and the steam inspired.—*Author's note.*

145. **R** Rad. calumbæ concis., gr. cxxxvj.
 Infund. suffic. quantit. aq. ferv.
 Colaturæ unciarum quatuor.
 adde

Potassæ carbonat. pur., gr. xxxiv.
 Succī citri recentis, \mathfrak{z} ij.
 Tinct. opii, gtt. xx. M.

Sig. One tablespoonful every two to four hours.

146. **R** Radic. valerian concis., gr. cxxxvj.
 Floris aurantii, gr. lxvij.
 Infunde suffic. quantit. aq. fervent. pro quartâ parte
 horæ unius.
 Colaturæ unciarum quatuor.
 adde

Syrupi aurantii, \mathfrak{z} ss. M.

Sig. One tablespoonful every hour.

147. **R** Ether. acetat. depurat.,*
 Tinct. valerianæ, āā \mathfrak{z} j.
 Tinct. opii simplicis, \mathfrak{m} xx. M.

Sig. Twenty to thirty drops every two hours.

148. **R** Pulv. nucis vomicæ, gr. ij.-iij.
 Elæosacch. aurantii,†
 Sacchari albi, āā gr. xxx. M.

Divide in partes equales sex.

Sig. One powder two to four times daily.

149. **R** Tinct. nucis vomicæ, \mathfrak{m} xx.
 Etheris sulphurici depur., \mathfrak{z} j. M.

Sig. Five to ten drops every two to four hours.

150. **R** Bismuthi subnit., gr. ix.
 Morphicæ acetat., gr. ss.-j.
 Sacchari albi, gr. lx. M.

Ft. pulv. Divide in part. equal. viij.

Sig. One powder two to three times a day.

* See note, p. 6.

† See note, p. 5.

151. R Creasoti, gtt. iv.-viiij.

Etheris sulph. depurat., ℥ss.

Tinct. ferr. acetat. ether.,*

Syrupi aurantii, āā ℥ij.

Tinct. vanillæ, ℥ss.

[Vel Tinct. cardamom. co., zingib. &c.]

Aq. flor. aurantii, † ℥ij. M.

Sig. One teaspoonful every three hours.

152. R Tinct. iodi, ℥xx.

Etheris acet. dep., ℥ij. M.

Sig. Five to ten drops several times daily.

* See note, p. 6.

† Orange flowers, ℔x. ; proof spirit, ℥vij. ; water, cij. Distil, cj.—BEASLEY.

PART SECOND.

DISEASES OF CHILDREN.



DISEASES OF CHILDREN.

ANGINA FAUCIUM—INFLAMMATION OF THE THROAT.

IN mild cases it is sufficient to keep the child in bed, to have the room gently warmed and equally ventilated, and to give lukewarm drinks or slight diaphoretics. Local blood-letting can only be of use in cases where severe pain arises from determined swelling of the soft parts, and where the inflammation extends to the laryngeal mucous membrane, and creates much embarrassment of breathing or hyperæmia of the brain. Iced water or little pieces of ice are very useful, when given uninterruptedly until the swelling has relaxed and the difficulty of swallowing has ceased. When swelling of the tonsils increases rapidly, it is a useful proceeding to cauterise them with lunar caustic or with solution of nitrate of silver (153), since not only is the rapid progress of the affection checked in that way, but diphtheritic exudation and sloughing may be prevented in many cases. If the swelling of the inflamed tonsils has gone to such an extent that even breathing is considerably impeded, scarification of the tonsils is indicated. The application of leeches to the neck produces, according to Mayer, only transitory relief, while poultices may be injurious from the annoyance they occasion, and by augmenting congestion in the head. Accumulations of tough mucus must be removed by regular gargling with some lukewarm or cold fluid ; in infants, by introducing the finger covered

with soft linen. When an abscess forms, cooling drinks are no longer well borne, and are therefore to be given up for lukewarm tea (decoction of althæa or malva), or for milk diluted with water, and warmed, and the abscess must be opened as early as possible.

In cases where traces of commencing gangrene show themselves, the parts must be cauterised either with lunar caustic or with the solution mentioned above (153). Should this not be admissible, a wash for the mouth, or a gargle, of solution of chlorine (154), or of dilute muriatic acid (155), is to be recommended. Löschner advises in such cases a gargle, consisting of one to two grains of nitrate of silver to eight to ten ounces of water; this to be used either by itself, or in combination with mel rosatum and oxymel, or in an infusion of salvia, several times a day. For internal use are indicated mineral acids (156), chlorine (157), preparations of cinchona (158, 159), and wine.

153. R Argenti nitratis crystall., gr. v.-xj.

Aquæ destillatæ, ℥ss.

Mel. rosati *

[Vel Mellis], ℥j. M.

Sig. The tonsils to be touched with this several times a day with the help of a mop of lint, and the mouth then to be washed out with cold water or tea.

154. R Aquæ chlori, ℥ss.

Infus. salviæ,

[Vel Aquæ puræ], ℥vj.

Mellis rosati, * ℥j. M.

Sig. The wash for the mouth and throat.

155. R Acid. muriat. dil., ℥j.

Infusi salviæ,

[Vel Aquæ simp.], ℥vj.

Mellis, ℥j. M.

Sig. As the last.

* Take of dried rose flowers, 40 grammes; of warm water, 400 grammes. Set aside for three hours, then strain and express, and add to the filtered liquor, of clarified honey 1000 grammes. Let the mixture be evaporated over a slow fire to the consistence of honey. Keep in a cool place.—*Ph. Aust.*

156. R *Acidi sulphur. dil. pur., ℥xl.*
Aq. rubi idæi, ℥iv.
[Vel Aquæ puræ.]
Syrup. rub. idæi, ℥ss.
[Vel Syrup. ros. gall.] M.
 Sig. One teaspoonful every two hours.
157. R *Aq. chlori, ℥ij.*
Decocti althææ, ℥iv.
[Vel Decocti. hordei.]
Syrup. simplicis, ℥ss. M.
 Sig. One teaspoonful every two hours.
158. R *Corticis cinchon. flav. contus. gr. cxxxvj.*
Coq. cum suff. quant. aq. font. pro quartâ parte
hor. j.
Colaturæ unciarum trium.
adde
Syrupi aurantii, ℥ss.
 Sig. One teaspoonful every two hours.
159. R *Extracti cinch. pallid., gr. xxxiv.*
Aquæ melissæ.
[Aquæ anethi, fœniculi, &c.], ℥iij.
Syrupi aurantii, ℥ij. M.
 Sig. As the last.

ANGINA LARYNGOTRACHEALIS. LARYNGOTRACHEITIS—
 LARYNGEAL QUINSY. FALSE CROUP.

The treatment required even for the mildest forms of catarrh of larynx is a prudent, expectant, and regimenal one; rest to the larynx, immersion in an atmosphere of equal temperature throughout, also damp and warm, mucilaginous, gummy drinks, and expectorant medicines (160–163), may effect a cure in a few days. Local abstractions of blood ought to be required only now and then; and so with emetics (164, 165), which may be needed when expectoration fails to remove any accumulation of secreted matters. When there are spasms of the glottis, use warm baths, narcotics, especially belladonna (166, 167), valerian (168), assafoetida (169), musk (170). If the symptoms get more severe, the means spoken of under “croup” must be employed.

160. R Mist. oleos., * ʒij.

Aq. Laurocerasi, gtt. iv.-vij.

Syrupi ipecacuanhæ, † ʒij.

[Vel Syrup. scillæ.] M.

Sig. A teaspoonful every two hours.

161. R Syrupi ipecacuanhæ, †

Syrupi althææ,

[Vel Syrupi simplicis, āā ʒss.] M.

Sig. As the last.

162. R Decocti radice althææ.

[Vel Decocti hordei,] ʒiij.

Ammonia hydrochlorat., gr. xxij.

[Syrupi tolutani, ‡ ʒij.] M.

Sig. As the last.

163. R Infusi rad. ipecacuanh., e. gr. ij.-vij.

Colaturæ unciarum duarum.

adde

Syrupi capillorum Veneris,

[Vel Syrupi tolutani], ʒij. M.

Sig. A teaspoonful every two hours.

164. R Syrupi ipecacuanhæ, ʒj.

Pulv. rad. ipecac., gr. iv.-vij. M.

Sig. To be given by teaspoonfuls (for sucklings).

165. § R Antimonii pot. tart., gr. j.

solve in

Mucilaginis gumm. acac., ʒj.

et adde

Syrupi ipecacuanhæ.

[Vel Syrupi scillæ, ʒij.]

Sig. To be shaken up, and one teaspoonful given at a time
(in more grown children).

* Oil of sweet almonds, gum arabic, syrup and water, in the proportions of 10, 5, 10, 200.

† Best made by dissolving an alcoholic extract in water and adding syrup.—NELIGAN.

‡ For "syrupus emulsivus" made from sweet almonds (4 parts), bitter almonds (1 part), sugar and water.

§ A mixture of vinum ipecac. and vinum antimon., given as drops with hot water and sugar, is a convenient form according to our Pharmacopœia.

166. R. Tinct. belladonnæ, gtt. ss.—iij.*

Aquæ destillat., ℥j.

Syrupi capillor. ven.

[Vel Syrupi simp.], ℥ij. M.

Sig. A teaspoonful to be given two to four times a day.

167. R. Pulv. radice belladonnæ, gr. j.

Sacchari albi, gr. xxx. M.

Divide in part equal. viij.

Sig. To be used in one to two days.

168. R. Infusi rad. valerian., e. gr. x.

Colaturæ *unciarum* ij.

adde

Etheris puri, gtt. xx.

Syrupi anthemid.

[Vel Syrup. aurantii], ℥ij.

Sig. One teaspoonful every two to four hours.

169. R. Assafœtidæ, gr. xxxiv.

Mucilag. gumm. arab., ℥ss.

Aq. florum tilia, ℥iss.

[Vel Aq. menth. pulegii.]

Sacchari albi, gr. cxx. M.

Sig. One teaspoonful every two to three hours.

170. R. Moschi orient., gr. iij.—vj.

Sacchari albi, gr. xxx.

Ft. pulv. Divide in partes equal. vj. Put in waxed paper.

Sig. One powder every two to four hours.

ANGINA MEMBRANACEA—CROUP.

Many have been the means and plans of cure and the specifics recommended for croup, as for other very dangerous maladies; in reality, however, there is no specific for croup, and even symptomatic treatment has seldom any good result in the more severe cases. As soon as symptoms which point to croup as a probable occurrence have been observed in a child, the patient must be at once put to bed (even when no paroxysms

* In the original "gtt. iij.—vj." The Austrian tincture is made from the root, and f℥j. is the ordinary maximum dose for one day, while of ours, f℥ss. is the ordinary maximum.

have come on, and there appears to be little deviation from health), and the greatest possible amount of repose must be observed. According to Skoda, if, during the remissions of the declared malady, the child cannot be kept quiet in any other way, recourse must be had to drugs for this purpose, for example, to narcotics (235, 250, 309, 310, 341, 347), since even the least overheating, such as is caused by nothing more than slight movements—by the playing of the child in bed, brings on immediately most violent exacerbations.

The application of leeches may have good results in cases where the affection is in its first stage in strong children, if the embarrassment of breathing has, so early in the course of the malady, reached a high degree; because it is possible that, at the period of exacerbation, relief may be given by the bleeding. As a rule, a number of leeches, the same as the years of the child's age, is put on over the sternum at its upper border. Venesections, which have done much mischief in children's complaints, are to be avoided. It may be advantageous to apply moderately cold dressings on the larynx during the remissions, and in event of a paroxysm, to make them still colder. Cold water treatment is recommended by several German physicians—viz., by laying the child on its stomach on a cushion of hay in a large tub, or on a sheet tightly stretched over the latter, and pouring from a height several pails of cold water along its spine, then drying thoroughly and putting it to bed well wrapped up. This proceeding is repeated several times daily, and may be recommended in the later stages of the complaint, and in cases that are despaired of.

Among medicaments emetics take an important place, being especially indicated when false membranes cause the dyspnoea, and threaten to bring on death by suffocation, and when inspiration as well as expiration is embarrassed. Tartar emetic is recommended, at first in emetic (155, 171, 172), and afterwards in smaller doses. Sulphate of copper (173) has been credited with a

specific action on laryngeal croup, but this unfortunately has not been confirmed.

Skoda considers it advisable and perfectly justifiable to use quinine in large doses (174, 175) at the time of remission, for the exacerbations may be mitigated by it.

The employment of calomel must be earnestly dis-advised, especially in doses which are capable of calling forth all the evil consequences of mercurial poisoning. The physician must refrain from prescribing this dangerous remedy all the more, that not the slightest result can be shown to have been got by its use. The same is true of sulphide of potassium, of iodine, and other similar drugs. Inhalations of lactic acid are recommended.

By several physicians carbonate of potash (176), bicarbonate of soda, and chloride of potassium (177), are favourably spoken of.

To the remedies that aid a cure belong skin irritants, especially sinapisms and emplastrum cantharidis, which are applied over the upper half of the chest, on the side of the neck, or between the shoulder blades. The application of these requires a certain amount of foresight, because they may occasion restlessness and fever in susceptible and irritable children. Aperient or stimulating injections (with vinegar) may give relief to the want of breath and lessen the fever heat.

For the spasmodic contractions of the glottis warm baths, narcotics, assafoetida (169), and in case of collapse, musk (170) and wine are recommended.

For cauterising the affected parts either acids are used (moderately diluted hydrochloric or nitric acid), or a solution of nitrate of silver (178), which is applied with a doubled piece of linen wound round a fine whale-bone staff. For parts that are easily reached, it is however better to employ solid lunar caustic.

The last means, and one which sometimes effects a cure, is *tracheotomy*. The right time for the operation must be considered to be when there are violent paroxysms of choking with dyspnoea and whistling

breathing, when the first signs of asphyxia and coma appear, when the medicines used have done no good, and in spite of their exhibition matters get steadily worse, and when the bodily strength does not seem sufficient to remove the collected secretions and false membrane with the coughing, or even perhaps the vomiting. Tracheotomy is no use if the croupous inflammation has made its way into the smaller bronchial tubes, and has stuffed these with fibrinous masses of exudation. The operation is performed in the following way:—After making an incision in the skin, laying bare the trachea and staying the bleeding,* the four or five uppermost rings are cut through, and the trachea is kept open by introduction of a canula (the canula of Trousseau, or the double tube of Borgellat). When improvement has progressed, the tube should be closed, at first for a shorter and then for a longer period, with a little plug; if breathing goes on freely, the canula should be removed, and it should be attempted to bring together the margins of the wound, with a suitable and simple dressing, and to bring about in this way a complete cure.

171.† R Infusi radic. ipecacuan., e. gr. x.—xvj.
Colaturæ *unciarum* ij.
adde

Antimonii pot. tart., gr. j.

Syrupi ipecacuanhæ,‡

[Vel Syrup. scillæ,] ℥ij.

Sig. One teaspoonful every quarter of an hour.

172. R Vini antimonial., ℥iv.

[Vini ipecacuanhæ, ℥ij.

Aq. ad, ℥j.] M.

Sig. One teaspoonful every ten minutes till it takes effect.

173. R Cup. sulph., gr. ij.—vij.

Aq. destillatæ, ℥iss. Solve.

Sig. One teaspoonful every quarter of an hour.

* The first thing to stop *venous* bleeding in this operation is the opening of the trachea.

† See note §, p. 104.

‡ See note, p. 104.

174. R Quiniae sulph., gr. xij.—xxvij.
 Sacchari albi, ℥ss. M.
 Ft. pulv. Divide in dos. vj.
 Sig. One as required.
175. R Quiniae sulph., gr. ix.—xij.
 Acid. sulph. dil., gtt. iv.
 Syrupi aurantii, ℥j. M.
 Sig. By teaspoonfuls.
176. R Potassæ carb. pur., gr. xxx.—cxxxvj.
 solve in
 Mist. gummosæ * ℥iij. M.
 Sig. To be used in one day.
177. R Potassæ chloratis, gr. xxxiv.—lxviiij.
 solve in
 Aquæ destillatæ, ℥iij.
 Sig. One teaspoonful three to four times a day.
178. R Nitratis argenti cryst., gr. vij.
 Aquæ destillatæ, q.s. ad solutionem.
 Mellis, ℥j. M.
 Sig. For painting.

ANKYLOGLOSSUM. ADHÆSIO LINGUÆ—TONGUE-TIE.

The tongue having been raised up to a convenient extent with two fingers of the left hand, or with a spatula (the little connecting band in the cleft), so as to stretch this band, one motion of a Schmitt's scissors† is used to cut it, the convexity of the instrument being directed upwards, as it is applied to the frænum; the scissors must be directed as deeply as possible towards the under part of the oral cavity, in order to avoid injuring the lingual artery. If the latter be wounded, astringents, solutions of tannin, alum, &c., are to be employed with the help of a sponge.

* Gum arabic, ℥ij.; orange flower water, ℥iv.; water, ℥iij.; syrup of marsh-mallow, ℥j.—BEASLEY.

† A curved scissors.

APHTHÆ ET SOOR—THRUSH.*

The prophylactic treatment for aphthæ consists in keeping the mother's nipples clean, and also the mouth of the child, which must, therefore, be frequently washed with a piece of linen dipped in water, especially after it has had the breast. Among local remedies is recommended brushing the oral cavity with vinegar, or with mucilaginous fluids and borax (179), alum (180), sulphate of zinc (181), diluted hydrochloric acid (182), lemon juice (183), myrrh (184), &c., added to them. Cauterisations of the oral cavity are in general to be avoided, because they excite needless irritation, without assisting the cicatrisation which follows rapidly, in any case, on the fall of the exuded matter; and one may go so far as to apply lunar caustic (153) lightly and superficially only when this process goes on very slowly. Internal treatment is superfluous, and even injurious, if no other complaint is present.

The treatment of soor [see last note], too, requires the observance of the necessary rules of cleanliness. The soor masses must be wiped away as they are formed with a bit of linen dipped in water, the oral cavity must be frequently washed out with pure water, and this proceeding must be repeated as often as new accumulations are formed. Brushing with mucilaginous and emollient fluids, with borax, alum, chloride of lime, acids, &c., is superfluous, and, in fact, injurious. Any complications that are present must be treated according to their nature.

179. R. Boracis ven. gr. lxviij.

Mel rosat., ℥j. M.

Sig. For painting on the part.

180. R. Aluminis crudi, gr. xxxiv.—lxviij.

Syrupi mororum,

[Vel Tolutani], ℥j. M.

Sig. As the last.

* By *aphthæ* is meant here the more severe, and by *soor* the slighter form of *thrush*, as defined by West (the parasitic disease).

181. R Zinci sulphat. cryst., gr. ij.
 Syrupi rubi idæi, ℥j.
 [Vel Syrupi simp., &c.] M.
 Sig. As the last.

182. R Acidi muriat. dil., gtt. x.
 Syrupi ribium, ℥j.
 [Vel Syrupi zingiberis.] M.
 Sig. For painting on the part.

183. R Succi citri recentis, ℥j.-℥ij.
 [Syrupi tolutani], ℥j. M.
 Sig. As the last.

184. R Tinct. myrrh., ℥j.-℥ij.
 Mellis rosat.,* ℥j. M.
 Sig. As the last.

ARTERITIS ET PHLEBITIS UMBILICALIS—INFLAMMATION OF THE UMBILICAL ARTERY, AND OF THE UMBILICAL VEIN.

The treatment of inflammation of the umbilical artery consists of careful evacuation of the matter (by gentle pressure directed from pubes to navel), in keeping the folds about the navel clean, and giving lukewarm baths. Phlebitis umbilicalis is, as being an absolutely fatal affection, to be treated according to symptoms.

ASPHYXIA NEONATORUM—APPARENT DEATH OF NEWBORN INFANTS.

The degree of the asphyxia must be taken into account in treating. In the less advanced grades of apparent death, in which the child does not breathe just after birth, but either moves, or presents a normal rate of the pulse in the umbilical vein and the heart, with bluish red colour of the skin, Braun recommends instant production of respiratory movements. This is best accomplished by removal of the mucus present in the mouth and throat with the feather of a quill or with the little finger, by setting the child up on its feet, or by laying it on its

* See note, p. 102.

side with the mouth turned downwards, by exciting reflex movements with dashing cold water on the face and breast, covering the body with a warm flannel wrapper, and rubbing the whole back gently with flannel. By thus exciting the skin a very deep and strong inspiration, and a subsequent hardly noticeable expiration will usually be brought about, when sensibility of the cutaneous nerves yet exists, and the medulla and nervus vagus are capable of performing their functions. These movements are repeated at intervals of some seconds or minutes, the pulsation in the umbilical cord hereupon stops, and the contractions of the heart continue in rapid rhythm. After cessation of pulsation in the cord, ligature and division of it should be performed, the child should be wrapped in warm flannel or warm clothing, laid on a pillow, and allowed to rest for some time, during which respiration generally becomes more rapid and free. But if one cannot succeed, with the child still attached to the placenta, in bringing about inspiration by stimulation of the skin, and if the heart's contractions get abnormally slow, the cord must be cut, the child put quickly in a warm bath, sprinkled, while in this, with cold water, and after a few seconds, when the countenance appears natural, rubbed in warm wrappings.

In the higher degrees of apparent death, in which the skin appears blue or pale, warm or cold, but no trace of motion, breathing, pulsation of the cord, or movement of the heart can be made out, the cord must, according to Braun, be as quickly as possible severed, all the mucus in the mouth removed, the child laid on a pillow, and auscultation practised most attentively in the region of the heart. If the sounds of the heart are very weak and slow, we must facilitate the action of the organ by immediate introduction of air into the lungs, without losing time uselessly in stimulating the skin ; for nothing removes a paretic state of the heart so rapidly as the entrance of atmospheric air into the lungs. The insufflation of air is done either from mouth to mouth, the nasal openings being left unstopped, but the mouth of

the blower being protected from the mucus which escapes from the child's nose by a towel laid over the upper lip of the child, or by his introducing a small elastic tube into one nostril, or through the mouth into the larynx. Since, whichever of these methods we follow, a little air goes into the stomach, the hand, resting on the abdomen, must make slight pressure after each gentle introduction of air, so as to imitate an expiratory movement. As soon as an inspiration has occurred, and the pulsations of the heart have become more frequent, the blowing in of air must be given up for some minutes, and stimulants must be applied to the skin. These are such as tickling the soles of the feet, the mouth, the nose, and the palate with a feather, rubbing the skin, giving a clyster of cold water or vinegar, salt, mustard, &c., the smoke of burning paper, placing the child alternately in warm and in cold water, wrapping in hot clothes, applying to the nose substances with a powerful smell, such as spirit of ammonia, &c., brushing over the pit of the stomach and the temples with oil of mustard, applying cupping-glasses or caoutchouc bottles to the nipples so as to produce a sucking action.

It is a fact that emphysema of the lungs may be caused by imprudent insufflation, and therefore this process should not be resorted to if the heart's activity is not very much in abeyance, or if mild stimulants to the skin are likely to produce respiratory movements and the change from the foetal state of things. If a rattling sound persist after breathing has commenced, oxymel scillæ should be given every quarter of an hour, so as to cause vomiting. Children who have been restored to life, but are still very weak, sometimes remain unable to swallow, in which case refreshing or nourishing matters that are given, should be administered through a narrow œsophagus tube, in an upright position of the patient. Every child that is (to all appearance) stillborn must be put in a warm place and watched, till hypostases and cadaveric rigidity set in.

ASTHMA LARYNGEUM INFANTUM. ASTHMA MILLARI.
 ASTHMA THYMICUM.* LARYNGO-SPASMUS INFANTILIS—
 SPASM OF THE GLOTTIS—INFANTILE SPASMODIC QUINSY.

During the paroxysm the face should have cold water dashed on it, warm clothes should be put upon the breast and abdomen, and mustard applied to the calves of the legs. The breast and extremities, too, may be rubbed with volatile stimulating substances, and derivative, stimulant, or anti-spasmodic injections may be ordered, as, for instance, of infusion of chamomile, assafoetida (185), valerian (186). If the child threatens suffocation, the attempt must be made to produce respiration artificially.

For a cure, the chief requisite is to attend to the cause of the malady; if obstinate constipation, indigestion, symptoms of worms, &c., are present, the proper remedies must be employed. If there is mal-nutrition or general weakness, good nourishment and tonics must be prescribed. As adjuvants, should be enjoined warm clothing, avoidance of cold, and irritation or stimulation of the respiratory passages. If signs of secondary congestion of the brain arise from repeated attacks of spasm, the physician may make use of cold dressings, or of a few leeches in a strong child. In addition, some drugs are still recommended—musk (170), castoreum (187), zincum oxydatum (188), belladonna (166, 167), iodide of iron (189), when there is enlarged thymus, and swelling of the cervical glands; externally, embrocations with oil of hyoscyamus leaves, volatile liniment,† &c., on the neck.

185. R. Assafoetida, gr. xxxiv.

Vitelli ovi unius.

Infus. anthemidis, ℥iv. M.

Ft. emulsio.

Sig. For two injections.

* Thymic asthma is a variety of glottal spasm, depending on abnormally large thymus gland. It is rare in this country.—WEST.

† Linimentum ammoniæ.

186. \mathcal{R} Rad. valerian contus., gr. cxxxvj.
 Infunde suff. quant. aq. fervid. pro quartâ
 parte hor. j.
 Colaturæ *unciarum* iv.
 adde
 Assafoetidæ in vitello ovi unius soluti, gr. xxij.
 Sig. For two injections.
187. \mathcal{R} Castorei moscovit., gr. ij.—iiij.
 Sacchari albi, gr. xl. M.
 Ft. pulv. Divide in partes equales vj.
 Sig. One powder every one to two hours.
188. \mathcal{R} Zinci oxidi, gr. j.—iiij.
 Sacchari albi, gr. xxx. M.
 Ft. pulv. Divide in partes eq. vj.
 Sig. As the last.
- [189. \mathcal{R} Syrupi ferr. iodidi, \mathfrak{m} xij.
 Aquæ ad \mathfrak{z} j. M.
 Sig. One teaspoonful two to three times a day.]

ATRESIA ANI—IMPERFORATE ANUS.

When there is congenital membranous closure of the anus, it is enough to enter a bistoury at the (easily noticeable) side of the anal opening, and to enlarge the wound by a crucial incision with a probe-pointed bistoury carried along a grooved director. A scissors may be used to remove the flaps thus formed.

If the site of the closure is higher up, the index finger of the left hand or a grooved director must be introduced, a small straight bistoury made to pierce the obstructing membrane in a proper direction, and the opening thus made enlarged with a probe-pointed bistoury. Reunion is prevented by introducing tents of charpie [or lint], and securing them by a thread and a piece of sticking plaster.

If a longish tract of the rectum is obliterated, the following method may be adopted in endeavouring to establish a normal anus:—The bladder is emptied, and the catheter is left in it, in order that the operator may know where it lies; an incision is made in the skin about an inch from the coccyx, the bistoury is carried

forward deeply, under the guidance of the finger, in the direction of the rectum, the blind end of the gut is sought for, incised, and opened in a crucial manner. The limit of depth to which the operator may penetrate is two inches; beyond that the peritoneum may be injured; but, in such a case, the blind end may be laid bare, pulled downward, cut into, and the margins of the wound stitched to the margins of the cutaneous incision.

If the rectum opens into the vagina, a grooved director should, when the proceeding is possible, be introduced through the vagina into the gut, raised till vertical, the point at which it protrudes ascertained with the index finger, and a straight knife or a trocar made to pierce the occluding tissues so as to land in the groove of the director; the opening is enlarged in the way mentioned. Since, however, this proceeding is often vain, it may be more to the purpose to divide backwards, on a grooved director introduced into the rectum through the vagina, all the occluding parts, and to keep the wound open by dossils of charpie (or lint).

If the rectum opens into the urethra, the treatment is to introduce a lithotomy sound through the latter into the bladder, to cut down upon this opposite the coccyx, in the direction of the unnatural urethra, and to keep the wall of the gut next the perineum carefully away from the opening into the urethra.

ATROPHIA SEU TABES GLANDULARIS, S. MESERAICA, S. MESENTERICA, S. SCROPHULOSA INFANTILIS—PÆDATROPHIA. TABES MESENTERICA—"DECLINE" OF CHILDREN.

As it is mostly the case that this affection is caused by bad food and imprudent regimen, proper nourishment for the child is the first thing to be attended to. Artificial feeding should be begun only with children whose mothers are not in a position to give suck, and with those who threaten to infect the nurse (for example, if the parents are syphilitic). The general

resource, when assistance is required, is good cow's milk, although goat's milk approaches most in composition to mother's milk.* The milk of animals is given to children with the help of sucking bottles, made with teats resembling nipples, composed of vulcanised caoutchouc, prepared cow's udder, or prepared† ivory. Cow's milk destined for suckling a child must be fresh from the cow, and not skimmed; it must not have an acid reaction, must be taken every day from the same animal, and preferably in the evening, and before being given must not be boiled, but warmed by adding warm water. In the first month cow's milk must be diluted with water, and sweetened with sugar; in the first week half its volume, and in the second week a quarter of its volume being added. After the first month cow's milk may be taken undiluted if the digestive powers are good, or a change may even be made to nourishment of a less fluid sort, such as a pap made from ground biscuit, or from ground rice, flour, or arrowroot, with milk and sugar, or to wheaten bread soaked in boiled milk, or to an infusion of cocoa-beans alternately with sweetened beef tea. When a child does not thrive on artificial nourishment, next to a nurse's milk, suckling, by putting the child to a goat's teats is usually attended with good results. If this substitute cannot be obtained, and the child suffers from indigestion, the cow's milk must be diluted with anise tea, pigeon, chicken, or veal soup, or with a decoction of arrowroot, malt, biscuit, or Indian corn in the proportion called for. If the ingestion of milk, especially in the height of summer, causes eructation, colic, vomiting, diarrhoea, thrush, or wasting, this must be altogether discontinued for several days, and sweetened beef tea and water off biscuit with or without the yolk of an egg, or alternately with these an infusion of roasted cocoa-beans or

* Asses' milk approaches still more, and is procurable in this country.

† Ger. *calceinirt*. The ivory is, I believe, dipped in phosphoric acid, and then dried.

maize are to be used. To rather young children soup made from veal, chicken, &c., is given; in older children that from beef; for which purpose the very useful preparation, called in England beef tea, is adapted, being prepared by pouring boiling water over raw meat cut up into bits, expressing after digestion for four hours, and adding a little salt to the liquid obtained.

For emaciated children a very useful food is Liebig's cold meat essence, known in France under the name of *Bouillon fortifiant*; it is prepared in this way. Half a pound of quite fresh fowl's flesh or beef is macerated for an hour with $1\frac{1}{8}$ pounds of distilled water, four drops of pure hydrochloric acid, and a drachm of common salt; the fluid is poured off through a fine sieve, half a pound of distilled water added to what remains on the filter, and the resulting soup (one pound* in weight) is drunk cold. At the same time order and cleanliness must be attended to, and the use of a little bag, filled with pap of rusk or biscuit (Zulp, Schnuller [of the Germans]),† must not be allowed. The treatment otherwise resembles that for scrofula. (See *Scrofulosis*).

BLENORRHOEA NEONATORUM—OPHTHALMIA OF NEWBORN CHILDREN.

The first indication in this affection is taken from the cause—that is, fresh air must be got for the child, the eye industriously washed, and the newly-formed secretion displaced by a flow of lukewarm water; the persons employed about the child must be warned of the danger of contagion. Local abstraction of blood, by the application of one to two leeches over the zygoma, is indicated when the eyelids are swelled, red, and hot, and almost conceal the globe of the eye. The employment of cold dressings after the bleeding, is advan-

* The German pound equal $1\frac{1}{4}$ lb English, and a pound (Ger.) of water equal to 1 pint.

† Whose place is worthily occupied by "pieces" of bread and molasses, &c., among the poorer classes in this country.

tageous, if they can be changed every five to ten minutes. Embrocations of unguentum hydrargyri [with lard to one third of its weight] alone, or with extract of hyoseyamus (190), on the brow and temples are used with advantage. When the swelling of the lids begins to sink, Arlt says that a solution of nitrate of silver (191), or dropping in well-diluted tincture of opium, should be the means employed, and internally mild aperients according to circumstances.

190. *R* Unguenti hydrargyri, gr. cxx.

Axungiae, gr. lx.

Extracti hyoseyami, gr. vj.—x. M. exacte.

Sig. The eye-salve.

191. *R* Nitratis argenti crystall., gr. ss.—ij.

Aquæ destillatæ, \bar{z} j. Solve.

Put in a dark glass bottle.

Sig. The eye wash.

BRONCHITIS ET CATARRHUS BRONCHIALIS—INFLAMMATION AND CATARRH OF THE BRONCHI.

In acute bronchial catarrh the diet must be rather restricted, milk given to oldish children must be diluted; barley water, or rice or maize water, must be used for drinking, soup but not meat be given, the bowels moved with mild aperients or injections, and the skin kept highly active. When there is increase of irritation from coughing, aqua Laurocerasi (160), aq. cerasorum (192), ext. hyoseyami (193), ext. cannabis indicæ (194), pulv. Doveri (195), belladonna (166, 167), may be ordered; when there is obstinate coughing, syrupus ipecacuanhæ (161), or a weak infusion of ipecacuan (163), and externally moist and warm applications to the breast, are required.

In treating chronic bronchial catarrh, one thing is especially to be avoided—viz., the recurrence of the acute affection, and therefore also every exposure to heat or cold. Besides the narcotics just named, which give especial relief from violent irritative cough, or from smart dyspnoea, inhalations of the steam of water,

impregnated with a proportion of salt, often effect a striking improvement. Good results are often got from derivation towards the skin, from rubbing the back, the front of the chest, and sometimes even the whole body, with cold water. Vesicants are of little use, and so with sinapisms; these last may sometimes be useful at an earlier period, especially for relieving the feeling of oppression. Expectorants, such as ipecacuanha (161, 163), senega (196), oxymel scillæ, sal ammoniac (162), may also give relief. Astringents, such as tannin (197), lead (198), have seldom any effect upon abundant secretion of mucus.

The treatment of bronchitis demands attention to the state of the patient's strength, the diseases that have preceded it, the age, the manner of giving nourishment, the abode and the nursing. For a high degree of bronchitis the treatment must be palliative; abstraction of blood is seldom well borne; narcotics and expectorants are better. Vigorous antiphlogistic and evacuant treatment is a means of facilitating an unfavourable termination—especially so in ill-nourished children. In capillary bronchitis neither antiphlogistics nor purgatives, vesicants nor sinapisms, bring about any good; sometimes narcotics do; nor have emetics any such effect in this malady, as in pneumonia or threatened suffocation. In the milder cases good may be got from inhalation of the vapour of water, or of milk, mallow, or aromatic herbs. In many cases the application of cold to the thorax proves a beneficial proceeding, only the degree of cold must not be great, water at the temperature of the air being all that is to be used at first, and gradual progress made towards cold dressings. During convalescence a fine woollen binder may be worn.

192. R Aquæ cerasorum nig.,*
 Aquæ tilisæ florum,
 [Vel Aquæ aurantii florum],
 Syrupi ipecacuanhæ,† āā ℥ss. M.

Sig. One teaspoonful every two hours.

* See note, p. 34.

† Or vin. ipecac, ℥ij.; syrupi, ℥ij. See also note, p. 104.

193. R Extracti hyoscyami, gr. iv.
Sacchari albi, gr. xxx. M.
Ft. pulv. Divide in part. eq. viij.
Sig. To be given in one to two days.
194. R Ext. cannabis indicæ,* gr. j.-ij.
Pulv. rad. ipecacuan., gr. j.
Sacchari lactis, gr. xxx. M.
Ft. pulv. Divide in part. eq. viij.
Sig. To last two days.
195. R Pulv. Doveri, gr. j.-iv.
Sacchari albi, gr. cxx. M.
Put in a pill box.
Sig. As much as the point of a knife holds to be given
every three hours.
196. R Infusi senegæ, e gr. lxviij.
Colaturæ *unciarum* ij.
adde
Syrupi aurantii, ʒij. M.
Sig. One teaspoonful every two hours.
197. R Tannini puri, gr. iij.-vij.
Elæosacch. myristicæ, gr. xxx. M.
Ft. pulv. Divide in dos. vj.
Sig. One powder three to four times a day.
198. R Acetatis plumbi, gr. j.
Sacch. albi, gr. xl. M.
Ft. pulv. Divide in dos. viij.
Sig. As the last (not to be continued for longer than one
to two days).

CARDITIS ET PERICARDITIS—INFLAMMATION OF THE HEART AND OF THE PERICARDIUM.

These affections require for children as for adults—quiet, low diet, and antiphlogistic regimen. When there is marked local pain, a number of leeches, cor-

* The dose of extract of cannabis appears rather large, and yet the Austrian preparation is made so as to be quite as strong as ours. Curiously, extract of cannabis is not included among the "medicamenta toxicæ indolis" (Ph. Aust.), the doses of which have to be restricted.

responding to the age and constitution, may be applied. In case of more severe pain, light poultices may be of much service; as may also cold applications (bladders filled with ice or water), when there is markedly elevated temperature and distress of breathing. If the heart's action gets excited, and rather strong fever comes on, use cooling medicines (156, 199–201), digitalis (202, 203), or nitrate of potash (204); when there is constipation, prescribe cooling aperients (205, 206) or injections per anum; and in case of sympathetic affection of the nervous system, give aqua Laurocerasi or mild narcotics. Absorption of the exudation is promoted by moist warmth, by embrocations containing iodine (207, 208), by unguentum hydrargyri [with one-third lard] (209), and by epispastics.*

199. R̄ Acidi sulphurici aromat., ℥iij.

Syrupi rosæ., ℥j. M.

Sig. To be mixed with drink to a pleasant acidity.

200. R̄ Succī citr. recentis prep., ℥ij.

Aquæ fontanæ, ℥v.

Syrupi rubi idæi, ℥ss.

[Vel Syrupi simp.] M.

Sig. One dessert-spoonful hourly.

201. R̄ Acidi citrici, gr. viij.

Aq. ribium, ℥iv.

Syrup. ribium, ℥iij. M.

Sig. As the last.

†[Vel Acidi citrici, gr. viij.

Tinct. limonis, gtt. iv.

Syrupi simp., ℥iij.

Aquæ, ad ℥iv. M.

Sig. As the above.]

202. R̄ Tinct. digitalis, gtt. ij.–x.

Aq. destillatæ, ℥j.

[Syrupi tolutani, ℥ij.] M.

Sig. One teaspoonful every two to three hours.

* The tenderness of a child's skin should be well kept in mind, especially in the case of blisters.

† In imitation of the syrup. acid. citrici (D.), with ℥ijss. of water added.

203. R Infusi fol. digit. e gr. iv.-viiij.
Colaturæ unciarum iij.

adde

Syrupi rub. idæi,

[Vel Aurant. flor., &c.], ℥ij. M.

Sig. One dessert-spoonful every one to two hours.

204. R Potassæ nitratis, gr. x.-xxij.
solve in

Mistur. amygdal., ℥iij.

et adde

Aq. Laurocerasi, gtt. v.-x.

[Syrupi simp.], ℥iij. M.

Sig. A teaspoonful hourly.

205. R Tamarindi, gr. cciv.
Coque cum suff. quant. aq. font.
Colaturæ unciarum iij.

adde

Magnesiae sulph., gr. cxxxvj.

[Syrup. rhei*], ℥iij. M.

Sig. A dessert spoonful every two hours.

206. R Sodæ sulphatis, gr. cxxxvj.
solve in

Aq. rubi idæi,

[Vel Aq. cinnamomi], ℥ij.

adde

[Syrupi simp.], ℥ss. M.

Sig. As the last.

207. R †Iodidi potassii, gr. xxx.
Unguenti simp., ℥ss. M.

Sig. The ointment.

208. R Iodidi potassii, gr. xxx.
Iodi puri, gr. j.
Glycerini, ℥j. M.

Sig. For external use.

209. R Unguent. hydrargyri, gr. xl.
[Axungiae, gr. lxxx.] M.

Sig. The ointment.

* Rhubarb, 9 parts; cold water, 50 parts. Macerate for twelve hours; strain with expression; filter, and dissolve in the liquor twice its weight of sugar.—NELIGAN.

† Unguent. iod. pot. (B. Ph.)

CEPHALÆMATOMA NEONATORUM—SANGUINEOUS TUMOUR OF
THE HEAD IN NEW-BORN CHILDREN.

What we aim at in treating this affection is either dispersion, or the evacuation of the blood by opening the swelling. Dispersion is sought by light compression, or vinous and aromatic dressings (210), or by dressings of solution of sal ammoniac (211, 212). Small tumours generally disappear without treatment of this sort. Opening the swelling is effected by a lancet-incision to the extent of four to six lines. A bit of charpie [or of lint] should be put between the lips of the wound, and made fast with a bit of sticking plaster; over these a compress and a close-fitting cap.

210. \mathcal{R} Specierum aromat.,* $\mathfrak{z}\text{j}$.
Infunde cum suff. quant. vin. rubr.
Ad colaturam unciarum viij.

Sig. For external use.

211. \mathcal{R} Ammonii chloridi, $\mathfrak{z}\text{ss}$.
Aq. fontanæ, $\mathfrak{z}\text{viij}$.
Aceti scillæ, $\mathfrak{z}\text{j}$. M.

Sig. For dressings.

212. \mathcal{R} Ammonii chloridi, gr. cxx.— $\mathfrak{z}\text{ss}$.
Aq. fontan., $\mathfrak{z}\text{vj}$.
Spir. vin. rect., $\mathfrak{z}\text{ss}$. M.

Sig. For fomentations.

CHOREA—ST VITUS' DANCE.

According to Skoda, the most effectual treatment is cold water douche;† under its exhibition he often

* Origanum, Salvia, Mentha, Lavandula.—*Ph. Aust.*

† In our climate care must be taken that the patient is comfortably warm before the douche, or a pailful of warm water (about 98° Fahr.) must come first; one or two pails of water about 45° Fahr. may then be poured over the patient while sitting in a tub or bath; dry then with a soft towel, carefully, and place in moderate warmth. In this form frequent repetition will be borne.

noticed a speedy diminution or even a momentary cessation of the muscular spasms. When dulness of the mental life, delirium, or an ecstatic condition is united with the involuntary movements of chorea, normal processes of thought were suddenly restored by the affusions. For weakly children, who cannot bear the cold douche, it is better to put the lower part of the body in a warm bath, and to pour the cold water only on the head and back. There is no internal remedy, among the many that are recommended, which is known to have a uniform effect. Aromatic plants, and especially the *Chenopodium ambrosioides*, have been recommended for a very long time; this last is just as indifferent and ineffectual in its working as melissa, mentha, organum, &c. Oxide of zinc (213), sulphate (214), and valerianate of zinc (215), the preparations of copper, especially the ammonio-sulphate (216), iron (217), bismuthum album (218), may be employed with benefit in mild cases. Quinine (219) has no particular influence on the common form of chorea, but an unmistakable influence on *Chorea magna*—only, however, when given in very large doses, half a drachm or more at a time. In severe and obstinate cases are prescribed—tartar emetic (220), chloroform inhalations, and chloroform embrocations (221) in the region of the spine, and, in case of very strong and intermitting spasms, musk (222). Arsenic and strychnia are generally useless, and are to be employed only with the greatest caution.

A very apposite indication were this—to check the spasmodic movements for a rather long period by inducing sleep, and gradually to get these movements to cease altogether. According to Skoda's experience, however, such reasoning turns out wrong; he knows no more prejudicial drug than opium, which, like all other narcotics, has this very bad effect, that after the induced sleep there is a renewal of the involuntary movements with more energy than ever. Blood-letting is also useless. As regards dietary, good unstimulating support, fresh air, warm and dry habitation and clothing,

diversion by some stated occupation, and the removal of every mental and bodily strain must be provided for. The patient should sleep on the floor [not on a bedstead], and, when an attack approaches, he must be surrounded with mattresses or put in a room with padded walls, in order to prevent his injuring himself. The treatment during convalescence should consist in bracing up the mind and the body, in gradual inurement by gymnastics, cold baths, and especially sea-bathing.

213. R Oxidi zinci, gr. vij.

Sacch. albi, gr. lx. M.

Ft. pulv. Divide in dos. vj.

Sig. One powder morning and evening, and, at the same time, cold bathing of the head and back.

214. R Sulphat. zinci, gr. ij.

Aq. destillat., ℥ij. Solve.

Sig. One dessert-spoonful two to four times daily.

215. R Zinci valerianat., gr. vij.

Sacchari albi, gr. lx. M.

Ft. Pulv. Divide in part. eq. vj.

Sig. One powder two to three times a day.

216. R Cupri ammon. sulph., gr. j.-ij.

Pulv. chenopod. ambrosioid.,

Sacchari albi, āā gr. xxx. M.

Ft. pulv. Divide in partes eq. vj.

Sig. As the last.

217. R Ferri carbon. sacch., gr. viij.

Sacchari albi, gr. lx. M.

Ft. pulv. Divide in part. eq. viij.

Sig. One powder morning and evening for weakly and anæmic children.

218. R Bismuthi subnit., gr. vij.

Sacchari albi, gr. lx. M.

Ft. Pulv. Divide in part. eq. vj.

Sig. One powder twice a day.

219. R Chinini sulph. gr. vij.

Sacchari albi, gr. xxx. M.

Ft. pulv. Divide in part. equal. vj.

Sig. One powder twice a day in weakly and anæmic children.

220. \mathcal{R} Antimonii pot. tart., gr. iv.

Aquæ dest., \mathfrak{z} iv. Solve.

Sig. A tea- to a table-spoonful every hour.

221. \mathcal{R} Chloroformi,

Ol. olivarum, āā \mathfrak{z} ij. M.

Sig. To be rubbed in about the spine, along with warm baths and cold affusion on the head of the patient while in the bath.

222. \mathcal{R} Moschi orient. opt., gr. vij.

Sacchari albi, gr. lx. M.

Ft. pulv. Divide in dos. vj.

Sig. One powder every three hours.

COLICA—COLIC.

In the colic of children at the breast the useful things are warm baths and applications, injections of a weak infusion of chamomile, and, when there is constipation as an accompaniment, a gentle aperient or laxative injection; in obstinate cases a small dose of tinctura opii crocata. The general state of health, and the daily routine of the little patients, must be looked to, for attacks of colic at this age often arise from errors in dietary. In case of older children, the drugs, &c., in use for adults, may be employed,

CONVULSIONES ET ECLAMPSIA INFANTUM—CONVULSIONS AND CONVULSIVE ATTACKS OF CHILDREN.

The treatment is to be directed against the attacks themselves, and against the lesion which has produced them. The causes are very diverse, and are such as disease of the brain, or of its membranes and bony encasings, catarrh of the stomach and intestines, constipation, diarrhœa, flatulence, acute exanthems, inflammations of internal organs, wounds, worms, &c. Oppolzer has used inhalations of chloroform with good effect in children past infancy. These ought to be undertaken (not so as to narcotise the child deeply) whenever the jerkings of the various muscles show the approach of

the paroxysm ; and, as soon as the play of the muscles stops, the inhalation must be intermitted till a fresh threatening of convulsion calls for it again. But if it does not happen that the attacks are suppressed by the use of chloroform, then the danger which impends from the great accumulation of blood [in the venous system], and the embarrassed breathing, must be averted as much as possible. For this purpose Oppolzer gets friction of the most various parts of the body set about, warm cloths being used for this when the limbs are cold ; when they are not so, he uses spirituous and aromatic embrocations ; mild irritants, mustard and water, and irritant injections are also serviceable for warding off collapse. Energetic cold affusions, with the child sitting in a lukewarm bath, are often attended with benefit. In order to mitigate the evil consequences of strong congestion of the brain, cold dressings should be applied to the head, and, if circumstances demand it, leeches should be applied behind the ears, and the bowels should be purged. Some recommend also sulphate of zinc. During the attack care must be taken that the child in no way hurts itself, and that the saliva escapes as much as possible from the mouth by the child being laid on its side ; in children who have got teeth, biting the tongue must be guarded against by the insertion between the jaws of a little bit of wood covered with linen. After the attack the greatest quiet must be provided for, everything that might disturb the mind being far removed. The cold applications should be kept on with for a while, the nourishment should not be such as to require a strong digestion, and the bowels should be opened from time to time. For preventing relapse one must recommend proper care of the child both in bodily and in mental respects, appropriate diversion, sparing exertion of body and mind, and bracing up the constitution with methodical bodily exercises, cold washing, fresh and salt water baths. Children who have a tendency towards eclampsia are often benefited by change of scene and diet.

DENTITIO DIFFICILIS.—DYSODONTIASIS—DIFFICULT
TEETHING.

In our climate [that of Vienna] the teeth seldom appear before the sixth month—generally in the seventh; and in the third year, as a rule, the teething process is completed. Exceptions occur, however—the teeth sometimes breaking the gum in the third month, or even at the age of fourteen days. Luzsinsky relates cases where children brought two or four teeth into the world with them. One comes across children, on the other hand, who at the age of eleven months and more, have no teeth cut, or who have not, in their third year, completed their dentition, in which cases the suspicion of rickets occurs to the mind, since the development of the osseous system advances step for step with that of the teeth. The enlargement of the gums, which is noticeable in children as early as the third month, and increases steadily, causes first an irritation of the mouth, which the infants show by often trying to get objects into it; they feel heat in the same part, have thirst and diminished appetite, and the flow of saliva is abundant. The irritation shifts into the air passages and the alimentary tract, whence cough and diarrhoea are frequent accompaniments of teething. The pain that children suffer till the eruption through the gums is completed, usually makes them whimsical and sleepless, and may have such an effect on the nervous system as to bring on convulsive attacks. Luzsinsky treated adults who suffered for several weeks from these symptoms, both local and general, and which did not go off till the cutting of teeth ensued. Such symptoms require generally nothing more than mild dietetic treatment, only care must be taken to notice whether one or other of them is like to develope into an independent complaint, in which case it must be met with energetic and appropriate treatment. Luzsinsky thinks it unnecessary to scarify the gums at the place where the tooth is expected to appear, and those physicians who think that they remove every

difficulty by that proceeding, only put obstacles in nature's path. Chewing at a solid object, too (the *radix iridis pro infantibus*, or the disgusting *suzel*), is to be avoided, because the irritation in the mouth, the pain, and the secretion of saliva, are increased by it.

DIARRHŒA—PURGING.

The great point is to remove the cause, and to order a suitable diet both for the child, and for the mother, or nurse, in the case of a child at the breast. The more severe the diarrhœa, the more must the diet be kept within bounds; even of the articles allowed—which should be soups made with rice, barley, sago, fowl, or veal—only small quantities dare be given at a time, for fear of renewing the contractions of the bowels. Mucilaginous fluids, and such as will coat the bowel, should be given to drink; for example, decoctions of salep,* arrowroot, &c., or emulsions (223). For children at the breasts it is enough to order warmth, short stay in the bath, and internally to give tinct. rhei aquosa (224). Schuller recommends calomel to be given at the beginning of diarrhœa with fever (225). In more severe cases ipecacuanha (226), Dover's powder (227), tincture of rhatany (228); in chronic diarrhœa, bitter and aromatic drugs, calumba (229, 230), cascarilla (231), cinchona (232), are ordered. If the lesion is in the large intestine, injections of a coating or astringent nature (233, 234), mixed, in case of pain, with some drops of tincture of opium, are indicated. We have had recommended recently, in obstinate cases, the raw meat treatment, if the diarrhœa is not the result of a tuberculous affection of the canal, or a symptom of a scrofulous infiltration of the mesenteric glands. Good consequences are observed to follow this treatment in children of fifteen to sixteen months, and between two and three years of age. The

* Dried roots of the indigenous *Orchis mascula*; half an ounce to a pint of boiling water.—NELIGAN.

method is to take lean beef or mutton, cut it in little bits, and pound in a mortar till it is of the consistence of thick soup; the product is passed through a fine strainer, so that only the juice of the meat, the blood, and the fibrine get through, while vessels and cellular tissue remain upon the filter. The meat porridge obtained in this way is taken at first to the extent of one to two ounces, two to four times in the course of the day, and from that quantity one may rise to rather over half a pound *per diem*. In case of resistance by the child, the meat porridge may be made into little boluses, and these mixed with sugar or confections according to the taste of the child. No other nourishment is to be prescribed during this course; the drink should be pure water, or water mixed with white of egg, and sweetened with sugar (albumen water).

223. \mathcal{R} Ol. amygdalarum dulc., \mathfrak{z} ij.
 Pulv. gumm. acac., gr. cxx.
 [Syrupi simp.],* \mathfrak{z} ij.
 Aquæ fœniculi, \mathfrak{z} ij. M.

Ft. emulsio.

Sig. One teaspoonful every hour.

224. \mathcal{R} Mucilag. salepi,
 [Vel Decoct. hordei], \mathfrak{z} ijj.
 † { Inf. rhei, gtt. xx.-xl.
 { Sod. carb., gr. j. M.

Sig. One teaspoonful every one to two hours.

225. \mathcal{R} Calomelanos, gr. j.
 Sacchari albi, \mathfrak{z} ss. M.

Divide in dos. vj.

Sig. One powder every three hours.

226. \mathcal{R} Infusi rad. ipecac. e gr. ij.-iv.
 Colaturæ unciarum ij.
 adde
 Tinct. opii, gtt. iss.-iiij.
 Syrupi papaveris, \mathfrak{z} ij. M.

Sig. One teaspoonful every hour.

* For *syrupus emulsivus*. See note, p. 104.

† Substituted for *tinct. rhei aquos.* (Ph. Aust.), gtt. x.-xx.

227. **R** Pulv. Doveri, gr. iij.
 Elæosacch. myrist.,* gr. xxx. M
 Ft. pulv. Divide in part. eq. vj.
 Sig. Three to four powders to be given daily.
228. **R** Tinct. opii, gtt. iij.-vj.
 Tinct. krameriaë, gtt. xx.-xxx.
 Sacch. albi,
 Sacch. lactis, āā ʒij. M.
 Ft. pulv. Let it stand till the spirit evaporates. Put in a
 pill box.
 Sig. As much as the point of a penknife holds to be given
 every two hours.
229. **R** Infus. rad. calumb., e. gr. cxxxvj.
 Colaturæ unciarum ij.
 adde
 Syrupi aurantii, ʒij.
 Sig. One teaspoonful every two hours.
230. **R** Rad. calumb. conc., gr. lxviij.
 Rad. salepi, gr. xj.
 [Vel Amyli, gr. vj.]
 Coque cum suff. quant. aq. font. ad
 Colaturam unciarum iij.
 Syrupi anthemidis,
 [Vel Syrupi simp.], ʒij. M.
 Sig. One to two teaspoonfuls every hour.
231. **R** Cort. cascarillaë concis., gr. lxviij.-cxxxvj
 Infunde suff. quant. aq. fervent.
 Colatur. unciarum ij.
 adde
 Syrupi papaveris, ʒij. M.
 Sig. One teaspoonful every two hours.
232. **R** Cort. cinch. flavæ contus., gr. cexxxvj.
 Infunde suff. quant. aq. fervent.
 In colatura unciarum iij.
 solve
 Extracti hæmatoxyli, gr. xxx.
 et adde
 Aq. cinnamom.,
 Syrup. aurantii flor., āā ʒss. M.
 Sig. One to two teaspoonfuls hourly.

* See note, p. 5.

233. R Decocti rad. salep., spissior. consist.
 [V. Decocti hordei, s.c.], \bar{z} iv.
 Tinct. opii, gtt. iij.-vj. M.

Sig. For two injections.

234. R Decoct. sem. lini spiss. consist., \bar{z} iv.
 Tannini puri, gr. iv.-vj. M.

Sig. For two injections.

DYSENTERIA—DYSENTERY.

When dysentery appears, the treatment must take quick and decided hold, in order to put a stop as soon as possible to the extension and growth of the disease. For internal use order opiates, extract of opium (235), Dover's powder with tannin (236) or alum (237), gum kino (238), mucilaginous injections, with tincture of opium (233), tannin (234, 239), oil of Mars (240); or, if these fail, and in cases of considerable discharge of mucus and pus, with nitrate of silver (241). When there is tenesmus, good service is rendered by opiate suppositories (242) or cold dressings *ad anum*. If the dysenteric evacuation [proper] is interrupted by copious yellowish evacuations, rhubarb (243) should be ordered, and after its operation Dover's powder, with tannin (236), should be kept on with. For drinks may be used—mucilaginous fluids, thin soups of rice, barley, oatmeal, &c., or fresh water; but only just so much as is needful to quench the tormenting thirst. The diet should be limited as much as possible. When the dysenteric symptoms subside, bitter drugs are indicated, as calumba (229, 230), cascarilla (231), and cinchona (158, 159, 232).

235. R Misturæ gummos.,* \bar{z} ij.
 Extracti opii, gr. ss. M.

Sig. From a teaspoonful to a dessert-spoonful every two hours.

* See note, p. 109.

236. \mathcal{R} Pulv. Doveri,
 Tannini pur., āā gr. iij.-vj.
 Elæosacchari macis,* gr. lx. M.
 Ft. pulv. Divide in dos. sex.
 Sig. Two to four powders to be given daily.

237. \mathcal{R} Pulv. Doveri, gr. iij.
 Aluminis crudi, gr. xiiij.
 Elæosacch. fœniculi,* gr. lx. M.
 Ft. pulv. Divide in dos. vj.
 Sig. One powder two to three times a day.

238. \mathcal{R} Pulv. Doveri, gr. iij.-vj.
 Gummi kino, gr. vj.-xiiij.
 Elæosacchari macis,* gr. lx. M.
 Ft. pulv. Divide in partes equales vj.
 Sig. One powder two to four times a day.

239. \mathcal{R} Decocti rad. salep. spiss. consist., fʒiij.
 Tannini puri, gr. iij.
 Tinct. opii, gtt. iij.-viij. M.
 Sig. For two injections.

240. \mathcal{R} Decocti lini spiss. consist., fʒiij.
 Liquoris ferri perchlor., ℥vj. M.
 Sig. For two injections.

241. \mathcal{R} Argenti nitratis cryst., gr. ss.-j.
 Aq. dest., fʒiv. Solve.
 Sig. For two injections.
 When there is considerable pain, the addition of four to eight drops of tinct. of opium is necessary.

242. \mathcal{R} Butyri cacao,
 Axungia, āā gr. xx.
 Acetat. morphia, gr. $\frac{1}{4}$. M.
 Ft. suppositorium. Nro. iv. Put on waxed paper.
 Sig. Suppositories.

243. \mathcal{R} Rad. rhei, gr. vj.
 Sacchari albi, gr. lx. M.
 Ft. pulv. Divide in dos. vj.
 Sig. One powder every two hours.

* See note, p. 5.

DYSPEPSIA—INDIGESTION.

Besides looking after the causes, an appropriate dietetic regimen is necessary; many accidents arising from indigestion require only a regimenal treatment. When there is acidity of vomited matters and of the evacuations, we must use, in addition to avoidance of all articles of food containing acid, or whose constituents are apt to turn into lactic, acetic, or butyric acids, the antacid drugs, lime water (244), carbonate of soda (245, 246), crabs-eyes (246), &c. If the contents of the stomach have an alkaline reaction, try to make up for the want of acid by vegetable or diluted mineral acids, as acetic, tartaric, citric (201), and their salts, by hydrochloric, phosphoric, or sulphuric acid (156). If the irritability of the stomach is not above par, and the primary digestion of the food is weakly and slowly accomplished, then, if dietetic treatment has had no good result, the bitter tonics, cascarilla (231, 247, 248), rhubarb (248, 249), cinchona (158, 159), calumba (229), &c., are indicated. When the dyspeptic symptoms are subdued, the regimen shall still be observed for a time, in order to prevent relapse.

244. R̄ Aquæ calcis, ℥ij.

Sacchari albi, gr. cxx. M.

Sig. The medicine to be shaken up, and a teaspoonful given three to four times a day.

245. R̄ Sodæ carbonat, gr. vj.-xj.

Aquæ destillatæ, ℥ij.

Sacchari albi, gr. ccxl. M.

Sig. A dessert-spoonful every third hour.

246. R̄ Sodæ carbonatis,

Calcis carbonat.

Elæosacch. macis, āā gr. cxx. M.

Ft. pulv. Put in a pill-box.

Sig. As much as the point of a knife takes up to be given three times a day.

247. *R* Tinct. cascarillæ, gtt. xij.—xx.
 Sacchari albi, gr. cxx. *M*.
Ft. pulv. Let it stand till the spirit evaporates.
Sig. As much as the point of a knife will take up to be
 given every three hours, If colic be present, one to
 two drops of tinct. opii should be added.
248. *R* Extracti cascarillæ,* gr. j.
 Pulv. rhei, gr. vj.
 Sacchari albi, gr. xxx. *M*.
Ft. pulv. Divide in dos. vj.
Sig. One powder three times a day. In diarrhœa with
 dyspepsia, the diarrhœa being catarrhal.
249. *R* Rad. rhei,
 Lactatis ferri, āā gr. iv.
 Sacchari lactis, gr. xlv. *M*.
Ft. pulv. Divide in dos. viij.
Sig. Four powders to be given daily. In the dyspepsia
 of anæmic and rhachitic children.

DYSURIA, STRANGURIA, ET ISCHURIA—DIFFICULT URINATION, STRANGURY, AND RETENTION OF URINE.

Since these are symptoms of various primary affections, the causal conditions must be treated in order to obtain a complete cure. As palliatives, lukewarm baths may be used, or warm poultices and embrocations of oil of poppies in the region of the bladder. In case of grown children, use the remedies as for adults (see the "Pocket-book for Surgical Complaints"†), doses being more or less modified.

ENCEPHALOCLE.—HERNIA CEREBRI—HERNIA OF THE BRAIN.

Try to get the tumour back into the cavity of the skull, and to keep it there with appropriate pressure. If part remains exposed, a piece of leather, pierced [after the manner of a corn-plaster] must be worn, or else a bulged plate must be applied.

* Made as ext. jalapæ.—BEASLEY.

† Not translated.

ENTERITIS—INFLAMMATION OF THE GUT.

The diet should be rigorously restricted to milk or soup, and mucilaginous drinks; in addition, emulsions of oil (223) are recommended at the beginning of the complaint, calomel (225) during continuance of fever, Dover's powder (227), tincture of opium (228, 250), calumba root (229), Peruvian bark (251), poultices, fomentations, and calmative injections.

250. R Tinct. opii, gtt. iij.—vj.
Aq. destillat. fʒxviij.
Sacchari albi, gr. cxx. M.

Sig. One teaspoonful every two hours.

251. R Cinchonæ cort., gr. cxx.
Infunde sufficient quantitat.
Aquæ ferventis pro $\frac{1}{2}$ hor.
Colaturæ *unciarum* ij.
adde

Syrupi ipecacuanhæ,* fʒiiss. M.

Sig. One dessert-spoonful every two to three hours.

ENURESIS —INCONTINENTIA URINÆ—INVOLUNTARY URINATION.

The involuntary escape of urine, or bed-wetting, is to be treated according to the cause present. If the bladder is in a state of relaxation, the use of cold washing and sitz-baths, or even the cold douche to the back, may be attended with advantage. In case of evident irritability of the neck or body of the bladder, compelling the patient to urinate copiously, injections containing opium are extremely useful. Bednar recommends the following plan:—The child is put to bed as usual, having a little before evacuated the bladder; it is allowed to fall asleep; in three-quarters of an hour, or at the outside, an hour, it is wakened up, and made to rise and make water. Next night the wakening is postponed five minutes, and so on night after night until

* See note, p. 104.

the first sleep can be allowed to go on for two or three hours; after that the child is not roused at all, or only once. If this proceeding is not found sufficient, belladonna should be given internally at the same time (252). This mode of cure must be persevered in for some length of time; not continuously, however, but with intervals of several days or weeks, in order to bring about complete and lasting relief. Some maintain that they have seen good effects from astringents, especially tannin, from liquor ferri muriatis (several drops twice a day in a glass of water), from ointments of morphia and veratrin (253). In the itching of the meatus urinarus externus of little girls, a rapid application of nitrate of silver is said to be of use. When there is atony of the bladder, the introduction of a catheter or bougie becomes necessary.

252. R Extracti belladonnæ, gr. j.*

Pulv. et extracti glycyrrhiz., q.s. ut ft. pil.
nro. x.

Consperge pulv. cort cinnamom.

Sig. One pill two to three times a day.

253. R Morphiæ acetat,

Veratrin, āā gr. v.

Unguenti simp., ℥ss. M. exacte.

Sig. A portion, the size of a pea to a bean, to be rubbed into the perineum daily.

ESSENTIAL PARALYSIS OF CHILDREN—SPINAL INFANTILE PARALYSIS.

The treatment of a temporary paralysis, Oppolzer thinks, is very easy at times, especially when catching cold is the cause of the affection, the electro-muscular contractility being still present, and the evil not of long duration. By keeping the child warm, and by rolling the extremities into warm clothing, one may generally

* In the original the dose is rather more than double this; but the Austrian extract is differently made to ours. For a very young child, the grain might well be divided into fifteen pills.

manage to get the paralysis to disappear. If, however, the loss of power has lasted a long time, and if wasting and even contractions are present, then treatment directed to the brain or spinal cord does no good, because the evanescent processes in these organs, which lie at the root of the paralysis, have already run their course, and no longer permit the continuance of the former functions. The employment of cupping-glasses, of blisters to the back, of embrocations of unguentum antimonii tartarati, is not only superfluous but positively injurious. The impending atrophy of the muscles must be kept back as much as possible by good nourishment, pure air, electricity, rubbing and handling, lukewarm and cold baths. When contractions and other deformities are present, orthopædic surgery may effect some benefit.

EXCORIATIO UMBILICI—EXCORIATION OF THE NAVEL.

The treatment requires a careful maintenance of cleanliness. The folds of skin about the navel should be frequently and gently drawn out, and the bottom of the part should be dried carefully, or a tent of charpie [or bit of lint], with or without lead lotion, should be applied. If the excoriation runs on to blenorrhœa, whereupon abscess of the folds about the navel may occur, it is enough, for letting out the matter, to run a needle into the collection. If the blenorrhœa does not get cured, granulations may be formed, which at times quickly develope into a more or less stalked excrescence, called navel sponge (*fungus umbilici*).

In this case a repeated brush with nitrate of silver is for the most part a sufficient remedy. But the surer and quicker means is cutting off with a scissors, the navel folds being drawn out, the stalk cut through with a Cooper's scissors, and the wound touched with potassa fusa. If strangling the excrescence be thought desirable, the ligatures must be applied as deeply as possible.

GANGRÆNA UMBILICI—GANGRENE OF THE UMBILICUS.

For the treatment of this affection there are two indications according to Widerhofer—to limit extension of the gangrene, and to get the gangrenous part separated. Both are attained when we can contrive to excite a reactive inflammation in the tissues around, and this is the guide to the treatment. If there is actually no reactionary redness, the treatment is, to make a circle round the gangrenous patch with lunar caustic, or with solution of perchloride of iron. Cauterisation of the gangrenous part itself has not so much effect; if the reactive inflammation is not sufficient, brushing with *tinctura opii*, or with *tinctura opii crocata*,* mucilage of camphor (254), solutions of alum, borax, nitrate of silver (255), or a mixture of camphorated spirit, with spirit of cochlearia and tincture of myrrh (256), may be used. If the formation of an abnormal anus has already occurred, the life of the child can be prolonged only by the most careful nursing, and the best nourishment. Warm baths must not be neglected, and the exhibition of opiates is urgently demanded, partly for the pain, and partly not to spoil the formation of adhesions in case of perforation taking place, but rather promote them by staying the peristaltic action of the bowel; or to preserve any already formed.

254. R. Camphoræ rasæ, gr. xxxiv.

Mucilaginis gumm. arab., f3vj.

Sig. For external application.

* Take of crocus, 10 grammes; of spirituous cinnamon water, 100 grammes. Macerate in a well-stoppered vessel till there is a perfect extract of the crocus, then strain with expression. To every ten parts of the liquid add of dried opium coarsely pounded, one part. Let the mixture stand for eight days, frequently shaking it, till the opium is dissolved as much as possible; then again express and filter.—*Ph. Aust.* Spirituous cinnamon water has one part rectified spirit to sixteen of water, with $\frac{4}{5}$ part of cinnamon; of which four parts are distilled over. A gramme is $15\frac{1}{2}$ grains.

255. R Argenti nitratis cryst., gr. j.-iij.
 Aquæ destillatæ, f³ix. Solve.
 Put in a dark glass bottle.
 Sig. For external use.

256. R Spiritus camphoræ,
 Spiritus cochleariæ,*
 Tinctura myrrhæ, aa ʒss. M.
 Sig. For external use.

GASTRITIS—INFLAMMATION OF THE STOMACH.

The treatment in children's cases is not different from that in adults. The diet must be restricted during the whole course of the complaint, and at first must consist of good beef tea, and fresh water, only. Warm baths, light poultices, or fomentations with narcotic herbs, and internally emulsions with aqua laurocerasi (160), extr. hyoscyami (257), or opium (235), and mistura gummosa † with syrupus diacodii [syrupus papaveris].

257. R Emulsion. oleos.
 [Vel Mistur. amygdal], ʒij.
 Extracti hyoscyami sem., gr. j.
 [Vel Extracti hyoscyam. Br. Ph., gr. iij.]
 Aquæ Laurocerasi, gtt. x.-xx. M.
 Sig. A teaspoonful every hour or every two hours.

HELMINTHIASIS—WORMS.

The treatment consists in expelling the entozoa. From among the many remedies that are used, Mayr recommends flores tanacetii (258) for the oxyurus vermicularis (small thread worm); for food we are to give panadel soup ‡ or meat soup (no milk), and on the evening of the same day a lukewarm injection of assafoetida

* Spiritus armoraciæ co. may be substituted. *Cochlearia officinalis* is a common plant along our shores. The Austrian *spiritus* is thus prepared:—Take of the recent leaves, 600 grammes; of rectified spirit, 800 grammes; of water, 1600 grammes; distil off 1200 grammes.

† Gum arabic, ʒij; orange flower water, ʒiv; water, ʒiij; syrup of marsh mallow, ʒj.—BEASLEY.

‡ Note p. 30.

(259) should be administered. This mode of treatment should be put in operation once a month usually, and kept up as long as worms appear in the stools. If the tansy flowers cause sickness or vomiting, santonin (260) may be used. For *ascaris lumbricoides* (the large round worm) santonica seeds (261), or santonin lozenges (262), male fern root with jalap (263), or calomel (264), and extract of male fern (265), are good remedies. The diet should consist of milk and meat, and also wine and water. For after treatment may be given aerated chalybeate water* (a small wineglassful daily, sweetened with sugar), or carbonate of iron with powder of male fern (266). For *tænia* (tapeworm) in oldish children, extract of male fern, in conjunction with extract of pomegranate (267), is sufficient; the diet being poor soup only, and this to be taken abundantly after the medicine. In weaker and more tender children santonin (260) should be used. Over and above these, extract of pomegranate (268), and *Brayera anthelmintica* (269, 270), are used for *tænia*.

258. R. *Florum tanacetii*,† gr. lx.

Foliorum sennæ sine resin.,‡ gr. xxx.

Infunde cum aq. ferv. pro quarta parte hor. j. ad colaturam unciarum ij.

Syrupi aurantii, gr. cxx. M.

Sig. A spoonful every two hours. To be begun in the morning, and continued during the day.

259. R. *Assafoetidæ*, gr. cxx.

Subige cum vitello ovi j.

Decocti furfuris,||

Or Aquæ destillatæ, fʒiv. M.

Ft. clyσμα.

Sig. For an injection.

* *Aqua chalybeata aerata* (SOUBEIRAN):—Water freed from air, Oj.; sulphate of iron, gr. ss.; charged with five volumes of carbonic acid gas.—BEASLEY. A ferruginous effervescing citrate may be substituted.

† The *tansy* is indigenous in this country, and has long been a household remedy among the peasantry in districts where it grows.

‡ Note p. 153.

|| Bran, ʒiv.; water, Oj.; boil and strain.—BEASLEY.

260. R Ol. ricini, f℥j.

Santonini puri, gr. ij.-v. M.

Sig. Four teaspoonfuls every morning and evening.

261. R Seminum santonici confect.,

(Sive saccharo obductorum), gr. cxxxvj.

Sig. The half to be taken for a dose, and after that a mild aperient.

262. R Santonini pur., gr. cxxxvj.

Sacchari albi, gr. cc. M.

Ft. cum gumm. tragacanth. trochisci, nro. lx.

Sig. One lozenge morning and evening for children below their fourth year; for older children, three lozenges daily. This to be continued for four days, and the cure completed by a mild purge.

263. R Pulv. filic. maris, gr. lxviij.

Pulv. rad. jalap. gr. x.-xxij.

Mel. despumat. q.s. ut ft. electuarius.

Sig. Two teaspoonfuls every morning and evening.

264. R Calomelanos, gr. iv.

Pulv. filic. mar.,

*Elaeosacch. cort. aurant., āā gr. xxx.-lxviij. M.

Ft. pulv. Divide in dos. ij.

Sig. To be taken in two mornings on an empty stomach.

265. R Extracti fil. maris ether., gtt. xij.-xx.

Mel. despum., f℥ss. M.

Sig. The first half to be given in the evening, the other in the morning.

266. R Carbonat. ferri sacchar.,

Pulv. filicis maris.,

Sacchari albi, āā gr. clxxx. M.

Sig. As much as the point of a knife will hold to be given every morning.

267. R Extracti filicis maris, gr. xxij.

Extracti punici granat., gr. xliv.

Formentur cum gumm. tragacanth. suff. quant. capsulae, nro. vj.

Sig. Three capsules to be taken morning and evening at intervals of half an hour. On the preceding and on the following day a purgative of senna, castor oil, or jalap should be given.

268. \mathcal{R} Extracti punici granat., gr. xxij.
 Syrupi menth. pip., $\mathfrak{f}\mathfrak{z}\mathfrak{i}\mathfrak{j}$.
 Mel. despum. q.s. ut ft. electuarium mediæ
 consist.

Sig. To be taken during the day in three doses, and followed with a purge.

269. \mathcal{R} Pulv. fol. et flor. Brayeræ, gr. cclxxij.
 M. cum massa panis biscoti q.s. Divide in portiones xv.
 Sig. To be used in one forenoon, little drink being given at the time. In the afternoon a purge.

270. \mathcal{R} Pulv. flor. et folior. Brayeræ, $\mathfrak{z}\mathfrak{j}$.
 Panis laxantis,* $\mathfrak{z}\mathfrak{ss}$.
 Ft. cum pane biscoti massa ex quâ formentur portiones, nro. xij.
 Sig. Six biscuits to be taken in every two days.

HYDROCELE—HYDROCELE.

Congenital hydrocele in young children generally gets better if they are kept horizontal in bed, while aromatic infusions may be put over the part at the same time. In cases where resorption is not brought about, embrocations with iodide of potassium ointment (207, 208), may be used, or dressings of well-diluted tincture of iodine. For the radical cure, Linhardt recommends subcutaneous division of the prolongation of the tunical sac with a fine tenotomy-knife with concave-cutting edge, in the following way:—A fold of the scrotum is raised up, a finely-stalked tenotomy-knife is inserted, carried on flatwise for some distance between the skin of the scrotum and the serous sac, and then an incision, one inch to one a half inch long, is made with the tenotome. Soon œdema of the scrotum comes on, but it quickly goes off again, and the *processus vaginalis* closes. Lindhardt saw no use in resorbent medicines; he thinks that where these appear to have done good, either the spontaneous shrinking of the *processus vaginalis* was at the bottom

* Jalap, $\mathfrak{z}\mathfrak{v}$. ; sugar, $\mathfrak{z}\mathfrak{i}\mathfrak{v}$. ; flour, $\mathfrak{z}\mathfrak{ss}$. ; six eggs.—BEASLEY. This will make fifteen "laxative biscuits;" $\mathfrak{z}\mathfrak{i}\mathfrak{j}$. of jalap is, however, about the proportion meant above.

of the disappearance of the hydrocele, or that only a very small aperture of communication with the abdominal cavity had existed, through which the fluid could not be rapidly driven back, but could, in the course of days spent in a horizontal attitude, find its way. Compression of the canal he has also found to be of no great use; and the same may be said of the injection of astringent fluids, which may easily give rise to dangerous peritonitis. Puncture, too, acts almost wholly in a palliative way, removing a part of the fluid, but not closing the serous cavity. Pitha particularly recommends acupuncture.

HYDROCEPHALUS ACUTUS. ENCEPHALITIS INFANTUM EXSUDATORIA—ACUTE HYDROCEPHALUS.

The treatment of the symptoms that point to the advent of serous exudation in children consists, according to Skoda, in the physician's diminishing the inflammation of the brain, and that partly by local abstractions of blood, which must be proportioned to the age and strength of the child, and partly by encouraging the return of blood from the head by elevating it. Accumulations of feces and wind in the bowels must be got rid of, and one must also try to heat the extremities from without by rubbing, &c., as they tend to get cold. The employment of sinapisms, vesicants, embrocations, with unguentum authenriethi [antimonii tartarati], unguentum cinereum [ung. hydrargyri + lard to one-third of its weight], and also clothing the head with oiled silk, are superfluous and injurious to very young children. One can, unhappily, often convince one's self that rubbing in the antimonial ointment not only does not cure the affection, but adds to it another painful malady, prone to absorption of pus and erysipelas. Emetics ought to be quite laid aside when symptoms of water in the head appear. Almost constant vomiting occurs of itself, which is not seldom the forerunner of softening of the stomach, a process that soon puts an end to life,

if this has not already occurred from softening of the brain. Various things are mentioned as availing against the convulsive attacks, but none of them can have any influence. According to Luzsinsky, those rare cases of recovery that occur, owe their cure rather to the activity of nature herself than to any mode of treatment. Art can only place obstacles in the path of the disease, trying, on the one hand, to ward off all lesions that violent irritation of the infant's brain induces and maintains; on the other hand, providing for the formation of good nourishing blood. Skin-irritants, violent excitement of the secretions, and all things of that sort, are more injurious than useful.

HYDROCEPHALUS CHRONICUS. HYDROPS CEREBRI—CHRONIC HYDROCEPHALUS.

In chronic hydrocephalus, too, treatment is of doubtful efficacy, every effort to remove the accumulated fluid by evacuants or absorbent medicines being vain. Many physicians still recommend compression of the skull by strips of sticking plaster, which are laid first round the head, then across it; but these can just as little remove the hydrocephalus as can the plan of clothing the head in oiled silk, of which, not long ago, many physicians said wonderful things. Puncture of the skull is advised especially when the hydrocephalus has gone to such an extent that the bones of the skull are widely separated from one another, and that the head has a quite unsightly appearance, and is twice or three times its natural size. Puncture has been often performed, but never with a favourable result; either convulsions came on rapidly after the operation, and death in a very short time, or the child seemed for a time to bear the removal of the fluid well, but after that a fresh accumulation took place; or convulsions, coma, and death came on, but not till later. In every case, therefore, puncture of the skull is not a proceeding to be recommended.

ICTERUS NEONATORUM—JAUNDICE OF NEW-BORN CHILDREN.

This affection requires no particular treatment in general, disappearing, as it does, usually in a few days. Daily warm baths serve to keep up the action of the skin. Mild purgatives should be given only in cases where simple purgative injections fail to remove considerable constipation. Sometimes, however, jaundice presents itself in new-born children as a symptom of other diseases, and therefore, a careful examination of all the organs should be made when jaundice appears, that no possible lesion of them may be overlooked. Jaundice is rather rare in older children, and the causes and treatment are the same as in adults.

INFLAMMATIO TEXTUS CELLULOSI—CELLULITIS.

Inflammation of the cellular tissue requires the local application of means calculated to subdue inflammation, above all, of ice dressings, and when swelling increases, of leeches. If traces of suppuration and fluctuation are found, the cold dressings must be exchanged for those that are lukewarm and emollient, and the abscess must be opened early. The further treatment is the same as for an ordinary abscess. When the cellular tissue dies, the first traces of gangrene must be destroyed with a caustic—lunar caustic, potassa fusa, or a concentrated acid; and the wound must be treated with creasote water,* or a weak solution of nitrate of silver in an aromatic solution. Löschner recommends the external use of diluted creasote in a decoction of Peruvian bark, Internally, large doses of quinine (174, 175), acids (156. 199), or wine are indicated.

* Or solution of carbolic acid.

LABIUM LEPORINUM—HARELIP.

The operation may, especially if feeding is rendered difficult, be performed within a day or two of birth. In Schuh's clinic it is generally not performed till children are six months old. To make sucking easier for the child, it must be kept in a vertical position when at the breast. The nipple must be put into one angle of the mouth, and gentle pressure must be exerted on the breast to assist the escape of milk. If, after all, the child cannot suck, it must be fed with a spoon. For the operation and its different modes we refer the reader to works on surgery.

NÆVI MATERNI—MOTHER'S-MARKS.

Pigment Spots.—Spots of moderate extent that are even with the skin, or not much raised above it, may be removed or pared off with a scalpel, or a razor used in a sawing manner. Larger, level, or raised spots are removed with caustics, potassa fusa, nitric acid, or Vienna paste [potassa cum calce]. The last is allowed to remain about five minutes, till a thin scurf has formed. The part is washed with diluted vinegar and dried, and a piece of amadou* laid on, which gets so closely connected with the scab that it falls away at the same time, and leaves behind it a sound skin. Besides these ways, tattooing is used for removing such spots, the skin being pricked with needles, and zinc oxide or burnt magnesia, mixed with a little cinnabar [native mercuric sulphide] rubbed in.

Vascular Spots, or Teleangiectases.†—These are removed by setting up inflammation or suppuration, and maintaining the latter till the angiectatic tissue is destroyed. When the teleangiectases are small and superficial, in unvaccinated children, one may try to destroy

* *Feuerschwamm*, or tinder. German tinder is made from a fungus—*Polyporus igniarius*.

† These alone are usually called *nævi* in Britain.

them by vaccinating at the part. For this purpose the finest inoculating needles should be taken, the points dipped in fresh lymph, all the needles sunk into the erectile tissue at intervals of one to one-half cent.,* and left as long as seems sufficient to saturate the tissue with vaccine matter. In a case here and there, unguentum antimonii tartarati may be used for vaccine matter. Superficial extended teleangiectases may also be destroyed by repeated touching with potassa fusa or nitric acid. When the teleangiectases are limited, and deeply embedded in the common integument, strong caustics are used, especially caustic collodion (8 grs. corrosive sublimate to 1 drachm of collodion), caustic Vienna paste [potassa cum calce], Canquoin's [zinc] paste.† These last are laid, in varying thickness, in a hole of a piece of perforated sticking plaster that corresponds to the circumference of the teleangiectases. Extirpation with the knife may be undertaken in cases of teleangiectases that are sharply circumscribed, elevated, and have a small base. This proceeding effects its purpose soonest if we can manage to unite and heal the wound *per primam intentionem*. For fear of violent bleeding, this operation should not be undertaken in sucklings and tender children. Very small teleangiectases may, in new-born children, be seized with a forceps, cut off with a curved scissors, and the wound touched with lunar caustic. Ligature is especially indicated with individuals who fear the knife and are poor-blooded, in those cases where numerous vessels and vital parts occur at the bottom and in the neighbourhood of the teleangiectases, or where the growths, on account of their thickness or their situation, are not suited for any other treatment.

* Centimetre = $\cdot3937$, or nearly $\frac{2}{5}$ inch. Five lines is a little more than a centimetre.

† Chloride of zinc, one part; wheat flour, two, three, or four parts; mixed quickly, and water poured in, first to a thin, then, by adding more of the mixed powder, to a thick paste. Form into wafers.—BEASLEY.

NOMA. CANCER AQUATICUS. STOMACACE GANGRÆNOSA—
GANGRENOUS STOMATITIS.*

The treatment consists in cauterising the decaying part, and into the sound tissues around, with concentrated hydrochloric acid, butter of antimony [tersulphide of antimony], Vienna paste, or Canquoin's paste,† with acid nitrate of mercury, or with the actual cautery. For the destruction of the gangrenous parts within the mouth, concentrated hydrochloric acid is used, if they cannot be got at with the actual cautery. This is applied several times a day with a brush or a sponge. If gangrene shows itself externally, some advise us to make a crucial incision in the first place; to remove with the protruding angles, not only the gangrenous, but also the sound portion; then, and not till then, to apply the caustic or the actual cautery, and to brush over the part with diluted creasote in a decoction of Peruvian bark, or with cinchona powder. If the progress of the gangrene cannot be stayed, or if the destruction has already gone too far, palliative treatment alone remains to us. The greatest cleanliness must be provided for, the unbearable smell diminished by removing what is gangrenous, by injecting and rinsing with solution of chloride of lime (271), by dusting charcoal powder on the part, by using astringents (272–275), and antiseptics (276–278). The strength of the patient must be kept up by a nourishing diet, cinchona (158, 159), wine, mineral acids (156, 199), &c. If symptoms of collapse appear, stimulants, as wine, ether, camphor (279), musk (170), valerian (168), &c., must be given.

271. R Decocti radicis althææ,
[Vel Dec. hordei], ex ℥ss.
In colatura *unciarum* viij.
solve
Calcis chloratæ, gr. cxx.

Sig. For external use.

* Ulcerative stomatitis and gangrenous stomatitis are both included under the name noma (WEST). The more severe form is here alluded to.

† See p. 21.

272. R Aluminis crudi, gr. cxx.
 Aquæ fontanæ, ℥viiij.
 Syrupi rubi idæi,
 [V. Syrupi violæ], ℥ss. M.
 Sig. For external application.

273. R Decocti cinchonæ, ex ℥ss.
 Uncias vj.
 Sig. For external application.

274. R Infusi fol. salviæ, ex ℥ss.
 [Inf. anthemidis, arnicæ, &c.]
 Colaturæ unciarum viij.
 adde
 Tincturæ ratanhæ, ℥ss. M.
 Sig. For external use.

275. R Decocti cort. querci, ex ℥ss.
 Colaturæ unciarum vj.
 adde
 Liq. plumbi subacetat., f℥i $\frac{3}{4}$. M.
 Sig. For external application [or use elder-flower water as
 a vehicle].

276. R Aquæ chlori, ℥j.
 Aquæ destillat., ℥iv.
 Syrup. simp., ℥ss. M.
 Sig The wash for the mouth.

277. R Potassæ chloratis, ℥ss.
 Aquæ destillatæ, ℥vj.
 Syrupi althææ,
 [Vel S. simpl.], ℥ss. M.
 Sig The wash for the mouth.

278. R Sodæ chlorat., ℥ss.
 solve in
 Infus. fol. salviæ,
 [Vel Inf. anthemidis, &c.], ℥iv.
 Mellis rosati,* ℥ss. M.
 Sig. For external application.

279. R Camphoræ rasæ, gr. ij.-vij.
 Sacchari albi, gr. xlvij. M.
 Divide in dos. vj. Put in waxed paper.
 Sig One powder every hour, or every two to three hours.

* See note, p. 102.

OBSTRUCTIO—CONSTIPATIO ALVI—CONSTIPATION.

When the bowels are slow to move in children, use injections of water, oil, and common salt; suppositories made of cacao butter; syrup of manna, mannite, syrupus rhei, and tinctura rhei aquosa, laxative bread, hydromel infantum [infusion of senna, with manna and syrup], ol. ricini, lenitive electuary,* infusion of senna, aqua laxativa Viennensis [infusion of senna with manna], rhubarb, jalap, carbonate of magnesia, tartrate of potash, tartrate of soda, tartrate of potash and soda, magnesia, sulphates of soda and potash. Drastics should not be used for children.

280. R Pulv. manniti cryst., gr. lxxvij.—cxxxv.
solve in

Aquæ fervidæ, f℥ix.—f℥xviij.

Sig. A tablespoonful to be given every two hours. For new-born children when an evacuation is required soon after birth.

281. R Pulv. panis laxant., ℥ss.

Sig. Morning and evening a teaspoonful should be given (one drachm contains about one grain pulv. jalapæ [the rest is sugar and flour]). For children at the breast when habitually constipated.

282. R Syrupi mannat.,†
Syrupi rhei,‡ āā ℥ss. M.

Sig. A teaspoonful hourly.

283. R [Infusi rhei, f℥vj.]
Syrupi mannat. [vel sennæ], f℥j. I.

Sig. By teaspoonfuls.

* See note, p. 74.

† Take of senna leaves, 35 grammes; of anise fruit, 2 grammes; of boiling water, 350 grammes. Infuse for two hours, and in the expressed and strained liquor, which should amount to 250 grammes, dissolve of sugar, 400 grammes; of manna, 100 grammes. In clarifying, boil to a syrup.—*Pharmac. Austriaca*. Gramme equal to 15½ grains. Syrupus sennæ may be substituted.

‡ See note, p. 123.

284. R Infusi rhei, f℥j.
Syrupi mannat.,
[Vel Syrupi sennæ], f℥ss.
Aquæ fœniculi, f℥ss. M.

Sig. A teaspoonful to a dessert-spoonful every two hours.

285. R Mannæ pinguis, ℥ss.
solve in
Aquæ fœniculi, ℥ij.
et adde
Syrupi rhei [sennæ], ℥ss. M.

Sig. From a teaspoonful to a tablespoonful every hour.

286. R Infusi radicis rhei, e gr. xx.-lxviij.
Colaturæ *unciarum* ij.
adde
Syrupi mannat.,* ℥ss. M.

Sig. One-half to one tablespoonful every two hours.

287. R Infusi laxativ. Viennens,†
Aquæ cerasorum nigrorum,
[Vel Aquæ cinnamomi], āā f℥ss.
Syrupi rubi idæi,
[Vel Syrup. simp.], f℥iij. M.

Sig. To be used for three or four doses. For more grown-up children to get an early effect.

288. R Infus. foliorum sennæ sine resin,‡ e gr. xxx.-
lxviij.
Colaturæ *unciarum* ij.
adde
Syrupi mannat.,* f℥iij.
[Vel Syrupi sennæ.] M.

Sig. A dessert-spoonful every two to three hours.

289. R Calomelanos lævig., gr. ij.-ivss.
Pulv. rad. jalapæ, gr. xx.-xxxiv.
Sacchari albi, ℥ss. M.

Ft. pulv. Divide in partes equales viij.

* See note, p. 152. Syrupus sennæ, violæ, &c., may be substituted.

† Take of Alexandrian senna leaves, 25 grammes; of boiling water, 200 grammes. Infuse for a quarter of an hour. In the fluid strained and expressed dissolve of manna pinguis, 35 grammes, and give it when clarified.—*Ph. Aust.*

‡ "Senna leaves deprived of their resinous constituents with the help of spirit of wine."—*Ph. Aust.*

290. R Potassæ tart., gr. xxij.

solve in

Aq. fœniculi, ℥j.

et adde

Syrupi rhei,* ℥ss. M.

Sig. By teaspoonfuls.

291. R Sodæ et potassæ tartrat., gr. xxxiv.

Aquæ carui, f℥xviij.

Syrupi mannati,† f℥iij.

[Vel Syrupi sennæ.] M.

Sig. A teaspoonful to a dessert-spoonful for a dose.

292. R Sodæ sulphatis cryst., gr. lxviij.—cxxxvj.

Extracti taraxaci, gr. lxviij.

solve in

Aq. menth. pip., f℥xviij.

et adde

Syrupi rhei,* f℥iij. M.

Sig. A teaspoonful to a dessert-spoonful every two hours.

293. R Magnes. sulph., gr. lxviij.—cxxxvj.

Aquæ melissæ,

[Vel Aq. menthæ,] f℥xviij.

Syrupi rhamni cath.,‡ f℥iss. M.

Sig. By teaspoonfuls or dessert-spoonfuls.

ŒDEMA SCROTI ET VULVÆ—ŒDEMA OF THE SCROTUM AND OF THE VULVA.

Aromatic water dressings answer for œdema of the scrotum, or linen cloths dipped in warm lead lotion. Compression by Fricke's sticking plaster strapping may also be very useful. Scarifications are to be avoided.

In œdema of the vulva aromatic dressings or lead lotion are also appropriate.

OMPHALITIS—INFLAMMATION OF THE NAVEL.

The treatment consists in the application of warm water dressings of very light weight. If the inflamma-

* See note, p. 123.

† See note, p. 152.

‡ Formulæ may be found in Neligan's "Medicines," Beasley's "Formulary," &c.

tion gets phlegmonous, Goulard's water [liq. plumbi subacetat. dilut.], or acetate of lead, make useful dressings; if there is a foul looking ulcer present, brushing with tinct. opii or tinct. opii crocata* is indicated. When there is croupous or diphtheritic exudation, superficial cauterisation with nitrate of silver is required.

OMPHALORRHAGIA—HÆMORRHAGE FROM THE NAVEL.

The treatment is directed to staying the bleeding and preventing its recurrence. If the blood comes from remains of the cord not yet dried up, a fresh ligature is to be put on; if the blood springs from a fixed point, a thorough cauterising with nitrate of silver, with an acid, with sesquichloride of iron, or with the actual cautery, may be employed; if the blood comes from an unobliterated aperture in one of the vessels of the navel, or from several points, the ligature recommended by Dubois is useful, and is put on as follows:—The child being laid in a convenient position, the operator carries a harelip needle from left to right under the skin at the base of the navel, in such a way that only the skin and not the abdominal wall is transfixed; a ligature is carried in a course from above downwards, then under the navel, and round the other side, so as to raise the navel up; a second needle is introduced under the former, in a vertical direction from above downwards through the integument, and then both needles and threads are covered with turns in figure-of-eight fashion, as in the operation for harelip. In order to avoid bleeding at the points of exit and entrance of the needles, a circular lacing is made in addition round the base of the navel.

OZÆNA. ULCUS NARIUM FÆTIDUS—FÆTID ULCERATION OF THE NOSE.

Uncomplicated ozæna requires for the patient good pure air, and cod-liver oil when there is a scrofulous

* See note, p. 140.

taint. The local treatment consists of injections of nitrate of silver (294), or liquor zinci acetatis, or plumbi acetatis, which last may be put on slight drossils and introduced into the nostrils. Iodide of potassium (295) is often used internally and externally as liquid snuff (296), with good results. For concealing the bad odour, injections, or liquid snuff, containing chloride of lime (297), are useful.

294. \mathcal{R} Nitratis argenti cryst., gr. j.
Aquæ destillatæ, \mathfrak{z} iv. Solve.

Sig. For injections.

295. \mathcal{R} Iodidi potassii, gr. x.-xxij.
Aquæ dest., $\mathfrak{f}\mathfrak{z}$ xviiij.
Syrupi aurantii, $\mathfrak{f}\mathfrak{z}$ iss. M.

Sig. One dessert-spoonful twice a day.

296. \mathcal{R} Iodidi potassii, gr. xx.-xxxiv.
Aquæ rosæ, $\mathfrak{f}\mathfrak{z}$ ivss. Solve.

Sig. For snuffing into the nostrils.

297. \mathcal{R} Calcis chloratæ, gr. xxj.
Aquæ rosarum, $\mathfrak{f}\mathfrak{z}$ viss. Solve.

Sig. For external application.

PEMPHIGUS NEONATORUM—PEMPHIGUS OF SUCKLINGS.

This depends on syphilis in newborn children, and shall be noticed under that head.

PERITONITIS—INFLAMMATION OF THE PERITONEUM.

This requires a similar treatment in children to that pursued in adults. Besides perfect repose being maintained, the diet must be limited, in order to reduce to a minimum the contents of the intestine. Smart pain may be relieved by the application of a number of leeches, corresponding to the age and constitution of the child, or, if flatulent distension is present at the same time, by warm dressings. For internal use, when the inflammatory stage is over, we may adopt mild narcotics, aqua Laurocerasi (298), extractum hyoscyami

(193), extractum cannabī indicæ (299), pulv. Doveri (195); when constipation is present, an injection of warm water with oil should be ordered (so as to avoid all peristaltic movement), if the intestinal canal is distended with gas and fæces. For resorption of the exuded matter, use embrocations with ungt. cinereum [or mercurial ointment with lard] (209), iodide of potassium (207), or brushing with glycerine of iodine (208), which should be carried out after the inflammation is past, not over the place where the exudation can be felt, but in the neighbourhood. Lukewarm baths are also useful.

298. R Mist. amygdal, f3xviij.

Aq. Laurocerasi, gtt. v.-xv. M.

Sig. A teaspoonful to a dessert-spoonful to be given every two hours.

299. R Mist oleos.*

[Vel Mist. amygd., f3ij.

Extracti cannabī ind., gr. j.-ij.

Syrupi emulsivi,† f3iss.

[Vel Syrupi simp.] M.

Sig. As the last.

PLEURITIS—INFLAMMATION OF THE PLEURA.

In sucklings, mild irritants for the skin, warm baths, local abstractions of blood, embrocations with warm oil and unguentum cinereum (diluted ung. hydrargyri), in combination with tinct. opii, warm poultices, and small doses of nitre, are recommended. Older children should be kept in a mild and equable temperature, and in pure air; as long as fever and inflammation continue, a scanty diet and cooling drinks (156, 199), or emulsions, (223) must be taken. The pleuritic pain is relieved by cold dressings, or, in case of these not being bearable, by warm fomentations, and also by local abstractions of blood, only the last must be undertaken with becoming prudence, because anæmia and debility may easily come on after them. For the cough, narcotics are useful,

* See note, p. 65.

† A syrupy emulsion of sweet and bitter almonds. See note, p. 104.

such as aqua Laurocerasi (298), extractum hyoscyami (193), extractum cannabidis indicæ (299), pulv. Doveri (195), extractum opii (235); when there is considerable dyspnœa and very quick pulse, digitalis (300, 301) is indicated. When there is constipation, aperient clysters or mild laxatives are required. At the same time, it must not be forgot, when there is no feverishness, to promote the digestive powers, and provide for maintenance of strength and for nutrition of the body. Resorption of the exudation may be brought on by embrocations with unguentum cinereum, brushing with diluted tincture of iodine or glycerine of the same (208), and also by the prudent exhibition of mild diuretics (300, 305). Hennig considers thoracentesis, or the operation for empyema, to be indicated when a unilateral and abundant effusion does not after some weeks decrease, in spite of proper treatment, and when, on the other hand, signs of deterioration of the blood set in—if unilateral empyema, constantly increasing, presses the heart more and more aside, deprives the patient of sleep, and causes strong fever and brain complications of importance. If exudations of different age occupy both sides of the chest, Oppolzer recommends that side where the most recent formation is, to be punctured.

300. *R* Infus. folior. digital. purp., e gr. iv.–vij.
Colaturæ unciarum iiiss.

adde

Syrupi rubi idæi,

[Vel Syrupi limonis], fʒij.

Sig. A teaspoonful every two hours.*

301. *R* Tinct. digital. purp.,† gtt. vj.–xij.

Aquæ destillatæ, fʒxviij.

Syrup. capillor. Vener.

[Syrup. limonis, aurantii, &c.], fʒij. M.

Sig. As the last.

* This infusion is about half the strength of our officinal infusion.

† The Austrian tincture is stronger than ours—in the proportion, perhaps, of about four to three. The above might, therefore, be changed to gtt. viij.–xvj. of our tincture. A drop of a tincture may be about half a minim.

- 302.* R Decocti equiseti, e gr. cxxxvj.
Colaturæ unciarum iij.
adde
Syrupi juniperi, f℥ss.

Sig. A dessert-spoonful to a tablespoonful every two hours.

303. R Acetat. sodæ, gr. lxviij.
Aquæ fontanæ, f℥iiiss.
Syrup. capillorum Veneris,
[Vel Syrup. simp.], f℥ij. M.

Sig. As the last.

304. R Potassæ acetat. sol., f℥j.
[Potassæ acetat., gr. xij.]
Aquæ petroselini,
[Vel Aq. fœniculi, &c.], f℥iiiss.
Roob juniperi,† f℥ij. M.

Sig. As the last.

- 305.‡ R Decocti rad. ononidis spinos., e gr. cxxxvj.
Colaturæ unciarum iij.
adde
Spiritus ætheris nitros., ℥ss.
Roob. spin. cervin., ℥ij.

Sig. As the last.

PNEUMONIA—INFLAMMATION OF THE LUNGS.

1. *Inflammation of the Lungs of Sucklings.*

Catarrhal pneumonia, which is a very frequent affection of early childhood, is treated similarly to bronchial catarrh. The little patient must be kept to its room in an equable temperature, mucilaginous drinks must be given, as althæa tea, sugar and water, or emulsions and expectorants (161); when there are paroxysms of choking, emetics (164, 306); when there is much scarcity of breath, embrocations of the breast with warm oil; when

* For this may be substituted ℥viij. of spirit of juniper in ℥iiiss. of decoction of scoparium, with ℥ss. of syrup. Dose as above.

† A watery extract of the ripe fruit, with sugar added. Succus scoparii (℥xx.) may be substituted, or spirit of juniper (℥viij.), with syrup to f℥ij.

‡ For this prescription, most of the elements of which are peculiar to Austria (though not officinal there), may be substituted our spiritus æth. nitrosi, with warm water and sugar.

there are symptoms of pain, a mustard poultice, and warm baths.

Croupous pneumonia. In the form that is primary, and runs an acute course, moderately antiphlogistic treatment, especially in dietetic respects, is advised. Abstractions of blood may be undertaken to a limited extent. When there is great dyspnœa, and suffocation is threatening, emetics (164, 306) are very advantageous, and are to be repeated as often as the urgency of each particular case calls for them. At the beginning of the complaint, as well as when there is intercurrent exacerbation, the dyspnœa is diminished by a scraped horse-radish or mustard poultice being applied, even repeatedly, upon the thorax. A damp binder may also do good. When the skin is dry and has a burning heat, digitalis with ipecacuan (307) are appropriate, if the dyspnœa does not demand an emetic. When there are tormenting fits of coughing, especially in the night, narcotics, aqua Laurocerasi (308), pulv. Doveri (195), tinct. opii simp. (309), extractum hyoscyami (193) or cannabis indicæ (194, 299), morphia with sugar (310) may be given. Both when the complaint is beginning, and when it has lasted for some considerable time, shifting the position of the child at frequent intervals should be enjoined; children at the breast should be often set up and carried about, and not let lie constantly on their backs.

2. *Inflammation of the Lungs in older Children.*

This requires antiphlogistic treatment with neutral salts or antimonial potassio-tartrate (111) in small doses, which last may be given constantly till resolution takes place, if no complications, no diarrhœa gives the contra-indication; in the latter case a weak infusion of ipecacuan (163) is indicated. When there is a steadily deteriorating pulse, digitalis in doses gradually increased, in combination with a narcotic (312), may be given. Abstractions of blood have not always the effect wished for; general bleeding is to be avoided, for it interferes too

much, and debilitates too much. For coughing, the usual narcotics are required ; for dyspnœa to a considerable extent, or symptoms of suffocation, an emetic (165) ; and for dyspnœa caused by the intensity of the fever, digitalis with ipecacuan (307) is indicated. In children who are very anæmic, or even marasmatic, from diseases past or still progressing, tonics and stimulants, cinchona (158, 159), quinine (219), iron (217), wine, &c., and a nourishing, easily digestible animal diet are employed. Stimulants, such as camphor (279), liquor ammoniæ anisatus, or lavandulatus (313), or liquor cornu cervi (314), &c., are necessary in cases where the children suddenly collapse, get cyanotic, and the circulation and respiration are much injured. When there is rickets as a complication, cod-liver oil is often useful, and should be ordered in the form of an oily emulsion (315) before recourse is had to the pure oil.

306. *R* Infusi rad. ipecacuanhæ, e gr. iv.-vij.
Colaturæ unciarum ij
adde
Oxymellis scillæ, fʒss.

Sig. By teaspoonfuls.

307. *R* Pulv. fol. digit. purp.
Pulv. rad. ipecacuanh. āā gr. ij.-iv.
Infunde suff. quant. aq. ferv. pro ¼ hor.
Colaturæ unciarum, ij.
adde
Potassæ nit., gr. vj.-xiv.
Syrupi capillor. Ven., fʒij.
[Vel Syrupi simp.] M.

Sig. A teaspoonful to a dessert-spoonful every hour.

308. *R* Mist. oleos.* fʒij.
[Vel. mist. amygdal.]
Aquæ Laurocerasi, gtt. iv.-vij. M.

Sig. A teaspoonful every hour.

309. *R* Tinct. opii. gtt. iij.-ix.
Aq. destillatæ, fʒxviij.
Syrupi capillor. Ven.
[Vel. Syrup. simp.], fʒij. M.

Sig. A teaspoonful every two to three hours.

* See note, p. 104.

310.* R Morphiae saccharat., gr. iv.
Sacchari albi, gr. xxx. M.
Ft. pulv. Divide in partes equales viij.
Sig. One powder two to four times a day.

311. R Antimonii pot. tart., gr. j.
Tinct. gummos., fʒj.
[Vel Syrupi tolutanæ,
Aquæ, āā fʒiv.] M.
Sig. A tablespoonful to be given with sugar and water,
and after that a tablespoonful every two hours.

312. R Infus. folior. digit., e gr. iv.-viij.
Colaturæ † *unciarum* iij.
adde
Tinct. opii, gtt. vj.-xv.
Syrupi capill. Ven.
[Vel. Syrup. simp.] fʒij. M.
Sig. A dessert spoonful every two hours.

313. R Liq. ammoniæ anisat., fʒj.‡
Sig. Two to five drops every half hour.

314.§ R Aq. melissæ, ʒj.
Liq. cornu succinati, m̄xij. M.
Sig. One-half to one teaspoonful every hour.

315. R Ol. jecoris aselli
Syrup. ipecacuanh. (sacch. alb.), āā ʒj.-ij.
Mucilaginis gumm. Arab., ʒij.-ʒss.
Bene terendo sensim affunde
Aquæ dest., ʒiij.
Ft. mist. oleosa.
Sig. To be used in two days (a spoonful every three hours).

* *Morphia saccharata* has one grain, morphia hydrochlorate, to twenty grains of sugar.—Dr DILLNBERGER.

† Corresponds to fʒj.-fʒij. of our officinal infusion.

‡ Liq. Ammoniae anisatus—Prussian Pharmac.—Rectified spirit, ʒxij. ; oil of anise, ʒiij. ; solution of ammonia, ʒiij.—BEASLEY.

§ Aromatic spirit of ammonia in peppermint water may be substituted. The liquor of the prescription is made by neutralising “true spirit of hartshorn (or a solution of ʒj. of salt of hartshorn in ʒviij. of water) with acid of amber.”—BEASLEY.

PROLAPSUS ANI—COMING DOWN OF THE BOWEL.

The treatment consists in reducing and retaining in its proper place the prolapse, and in removing the causes of the lesion. In children this accident happens often in consequence of long-standing diarrhoea, in which case cure of the latter and cautious replacement of the prolapsed part, are enough. For replacement, in case of a recent and small prolapse, gentle pressure with the hand or one or two oiled fingers is usually enough. When the prolapsus is large, and has lasted for some hours, the bladder should be emptied, the child laid on its belly, with the coccygeal region a little raised, and the thighs separated from one another; and the attempt should be made with the fingers well oiled to press back the part lying nearest the anus by applying the fingers there; when the prolapse is got back into the rectum, a finger must be introduced to press it higher up into its natural position. In order to provide against recurrence, the application of a sponge dipped in cold water, and made fast with a T bandage, or of long strips of plaster from the pubes past the anus to the region of the sacrum, is recommended. For cutting operations, which are practicable only in oldish children, the reader is referred to works on surgery. Cure of prolapse has also been observed through subcutaneous injection of sulphate of strychnia.

RACHITIS—RICKETS.

The first aim is to remove the causes which created or maintain the complaint. A dry, healthy dwelling, and pure air and cleanliness, must be provided for; residence in the country is better than in a town, and the patients should be taken as much into the open air as possible. The nutriment must be appropriate to the age, and consist of matters easily digested and nourishing; thus articles containing a great deal of starch, bread, pastry, meal pap [gruel], potatoes, &c., are to be avoided. Sucklings should have mother's

milk or cow's milk till the first tooth appears ; after the appearance of two to four teeth, some yolk of egg is to be mixed with soup for them ; later still, they should have scraped fowl or veal. The mattress used should be of horsehair, alga, or chopped straw, and as the children cannot sit up, the position on the back must be changed occasionally for one on the belly, or the child must ride in a little carriage, or be carried as it lies on its back. Lukewarm baths, given every two to three days, and containing one-quarter to one-half pound of rock salt or sea salt, are very useful. The most effectual remedy in rickets is cod-liver oil, which is given either alone, or, at first, in the form of emulsion (315), for some weeks or even months. Pollitzer recommends iron (249, 316, 317) in all cases of rickets in addition to cod-liver oil, and sometimes too, iodine, salt, and iron baths. These remedies are borne at any age ; one must commence with quite small doses ; in sucklings with a few drops of the oil, and one-tenth to one-twelfth of a grain of iron, gradually rising to one to two grains. If there is diarrhoea, extract of logwood (318), or of rhatany, should be added to the iron ; if there is vomiting, magnesia usta (319) ; if there is constipation, aloes (320). For saline baths Pollitzer uses, from the first to the third year, one-quarter to one-half pound of rock salt, and has the child bathed three times a week. Besides ferruginous baths (321) he uses malt baths, and others made of decoctions of animal tissues. When there is posterior or lateral curvature, absolute repose, and the prevention of any movement by the vertebræ, are demanded ; when hyperæmia is present with considerable pain, a few leeches, ice dressings, and an ointment of lead acetate, and opium (322), are the means most suitable. After the hyperæmia has gone, painting with tincture of iodine, to which tincture of opium is added if there be pain, is required. The deformities of the softened bones may be kept off, or removed, by a proper position and attitude, and, when the period of convalescence has begun, by orthopædic gymnastics. Besides

the remedies already mentioned, others are recommended—such as phosphate of lime, carbonate of soda, lapides cancrorum, phosphate of magnesia, bitter drugs, &c. ; ablutions of the back and of the weak extremities, with aromatic and spirituous fluids, spiritus angelicæ, anisi aromaticus, carui, lavandulæ, menthæ, rosmarini, serpylli, eau de Cologne ; embrocations, with aromatic salves, saline baths, and sea bathing.

316. R Lactatis ferri, gr. x.–xxij.
Calcis carbonat. præcip., gr. lxxvij.
Sacchari albi, gr. cxx. M.

Ft. Pulv. Put in a pill box.

Sig. As much as the point of a knife takes up to be given three times a day.

317. R Tinct. ferri pomati,
[i.e., Ferri malatis,*] 3j.
Tinct. rhei vinosi,
[Vini rhei,†] 3ij. M.

Sig. Fifteen to thirty drops two to three times a day.

318. R Ferri carbonat. sacch., gr. ij.–ix.
Extracti hæmatoxyli, gr. iv.–xvij.
Sacchari albi, gr. xxx. M.

Ft. Pulv. Divide in dos. viij.

Sig. One powder two to four times a day.

* This tincture is made from the extract. Extract of malate of iron is thus prepared.—*Ph. Aust.* Take of acidulous ripe apples, bruised, 3000 grammes ; mix with pure iron filings, 500 grammes. Digest, agitating often and replacing the water that evaporates for some weeks in a warm place, until they have become a black mass ; put this in linen bags and express. Let the liquor be purified by subsidence, filter, and reduce in a water bath to the consistence of a thick extract.—The tincture is made with spirituous cinnamon water (cinnamon is macerated with water to which one-sixteenth of proof spirit is added, and the product distilled to one-fourth the weight of the original water) by mixing in the proportion of one part of the extract to five of the water by weight, and filtering.—A gramme is 15½ grains.

† Vinum rhei.—*NELIGAN.* Rhubarb in coarse powder, 3ij. ; canella in coarse powder, 3ij. ; sherry wine, Oij. Macerate for fourteen days with occasional agitation, then strain with expression and filter.

319. \mathcal{R} Ferri carbon. sacch., gr. iv.-xiv.
 Magnes. carbon., gr. x.
 Sacchari albi, gr. lx. M.
 Ft. pulv. Put in a pill box.
 Sig. As much as the point of a knife takes up two to four times a day.
320. \mathcal{R} Ferri carbon. sacch., gr. x.
 Extracti aloes, gr. x.-xxij.
 Extracti trifolii fibrini [gentianæ, &c.], q.s. ut
 ft. pil nro xx.
 Consperge pulv. sem. anisi.
 Sig. One to two pills twice a day.
321. \mathcal{R} Ferri sulphatis crystall.,
 Sodæ carbonat., āā \mathfrak{z} j.-iiiss. M.
 To be dissolved in one to two pounds of hot water, and
 added to the bath.
322. \mathcal{R} Unguenti plumbi acet., gr. cxx.
 Extracti opii, gr. vj.-xij. M. exacte.
 Sig. The ointment.

SCROPHULOSIS—SCROFULA.

As regards dietetics, proper food, pure air, appropriate movement, the greatest cleanliness, and fitting clothes, must be provided. In oldish children the food must be nourishing, and at the same time easy of digestion. Bednar recommends for breakfast either good milk, or acorn coffee (323), or cocoa, or beef tea with toast. For the midday meal the children should have beef tea with barley, rice, sago, or green herbs, and white bread, but never gruel, nor brown bread soup; besides this, according to the age, a bit of meat, sometimes roasted, sometimes stewed or steamed, alternating with veal cutlet; also proper vegetables, such as spinage, carrot, scorzonera, cauliflower, sea kale in sugar sauce, may be given. In the afternoon, at three o'clock, oldish children should have a small glass of milk with white bread; in the evenings meat soup. For drink, good fresh water is best; in a case here and there a little wine may be mixed with it. As regards fruit, one may allow grapes,

cherries, apricots, and Armenian cherries, while apples, pears, plums, &c., are seldom well borne. The abode should be dry, light, roomy, and as much as possible exposed to the sun. The bed must be made of horse-hair, alga, or chaff. Ablution of the whole body at first with lukewarm and afterwards with cold water, cold baths in the summer months, swimming and gymnastics, are remarkably useful; rubbing the body with dry linen or woollen towels after the bath, is also very effective.

The drug most used is cod-liver oil, after that, ferruginous preparations (217, 317-320, 324-326), and when digestion is impaired, bitters (327-334). To these good may be attributed, in proportion as under their employment with proper dietetic proceedings, the miserable aspect of the child gets clearly better. Besides the drugs mentioned, others are recommended, as,—the green shells and leaves of the walnut, laurus berries, and *nux moschata* [nutmeg], *conium maculatum*, chloride of barium, iodide of potassium, *herba jaceæ* [*viola tricolor*], preparations of antimony and mercury; of mineral waters, those that contain salts and iodine. When there is swelling of glands, the physician may employ a salve with mercury or iodine (207), or glycerine of iodine (208), without expecting very much benefit from them. Extirpation of the glands has not generally any permanent result, as a neighbouring gland soon increases in size, and the swelling of glands in the neighbourhood adds to this one's mass. The treatment of scrofulous abscesses situated beneath aponeuroses or muscles, is, according to Schuh, not always the same. Small abscesses should, if the strength is not very much lost, be directly opened with the knife. In that way the increase in the size of the cavity is provided against, and the small suppurating part closes up under the simplest treatment. If the abscess is large, it is well to reflect whether it should be opened or not. If the swelling is so extensive that the matter would amount to a quart or more (abscesses in the course of the psoas,

under the fascia lata of the thigh), if hectic fever comes on, or if the patient is very thin and weak, without fever—if a necrosis of the vertebræ of the ileum, &c., is at the bottom of the mischief—then one ought to abstain from any operative proceeding. Evacuation will remove the pressure which the fluid exercises on the walls of the abscess, create an engorgement of the vessels with blood, and, consequently, so excessive a secretion, that it could not be borne by the patient. It often happens too that, by making a wound, and letting in air, the hyperæmia rises to inflammation, and in three to four days strong fever sets in, which, for want of any compensating power, soon exhausts the mass of the blood and the small stock of strength. If the abscess is large, and there is not at the foundation of it some necrosis to keep up the suppuration, and if the nutrition of the body, and strength are good, opening the abscess may be ventured on, especially in the young. The incision should always be made pretty large, that no matter may be kept back to grow foul. If, on account of the position and form of the cavity of the abscess, escape of the matter is impeded (as, for example, with psoas-abscess, if the incision was made in the neighbourhood of the bend of the thigh), the cavity must be washed out every day, and often with a large quantity of warm water. When there is deterioration of the matter secreted, wash with decoction of oak-bark and of cinchona. If, after the feverish excitement is over, and, in particular, the normal temperature of the skin has returned, strength be afforded by a diet of wine and meat, such cases mostly get cured in the course of several weeks or months. In all surgical books there is something said about puncture of big abscesses with a trocar when opening with a knife is dreaded. Schuh disadvises any such proceeding, because experience taught him that not only, as is known, the filling of the cavity takes place again soon, but also, after the third or fourth puncturing, gas was invariably developed in the cavity of the abscess, and this presupposes decomposition of the contents, and

is usually followed by pyæmia. Schuh has not been able, therefore, for long to decide in favour of puncture of large abscesses in any case, except when there is that very violent pain, amenable to no internal or external remedy, which sometimes occurs with large abscesses, especially about the buttocks, if a very large nerve is surrounded and compressed by matter, or a part very rich in nerves is much distended. But in order to prevent the accession of the evil consequences of puncture above enumerated, only a small quantity of fluid should be evacuated, and this is always sufficient to relieve the pain. If it happens that gas has become developed after repeated puncturing, the surgeon should hasten to evacuate the abscess by a thorough incision, because the greatest danger that can arise from the incision is not to be compared with that which decomposed matter enclosed in the body will cause. He should try, by diligently injecting with the remedies mentioned, to improve the quality of the secretion. Into large cold abscesses iodine has been injected in recent times (a couple of ounces of the tincture, with the same quantity of water, and a little iodide of potassium), the fluid being let out with a trocar just before the injection, and the cavity cleaned out by injecting warm water. This treatment, when it is suitable, is carried out for this affection as for hydrocele. Although absorption of the fresh exudation does not take place in most cases, and so in this instance, too, after the inflammation, which has been artificially excited, has run its course, the abscess resumes its usual progress, still the injection of iodine is of some use, in so far as the danger of the opening by incision, which at last becomes necessary, is diminished; the inflammatory reaction being less, and the loss of vital fluid by suppuration less abundant, because many vessels in the walls of the abscess were occluded by the action of the iodine, and these walls were prepared for more active granulation. Scrofulous abscesses in the subcutaneous cellular tissue of the neck and face have a peculiarity, in so much as we must in

their treatment try to avoid ugly scars. Therefore, if the skin is not much attenuated, the abscess should be opened with the knife in the usual way, in order to avoid its getting thin and sloughing. If redness and attenuation have already appeared, opening alone is not sufficient to gain the desired end, and one must remove after the incision the skin that is red and thin with the scissors, and bind up the wound twice daily with a salve, consisting of half an ounce of lard, with four grains of red oxide of mercury. If it should be evident, after removal of the skin, that the layer of newly-formed cellular tissue is very loose and sodden, it is a good thing to touch the part thoroughly with lunar caustic, and not to use the ointment till after the scab has been cast off. Just the same treatment should be instituted if the abscess has burst, and a scrofulous ulcer has to be dealt with. In this way a not very conspicuous scar may be made in a short time, while otherwise these swellings, especially on the face, remain soft, fluctuating, painless masses, unchanged for years together, and, in the most favourable cases, leave conspicuous marks behind them when they at length heal up.

323. *R* Glandularum querci tostarum, \mathfrak{z} ss.

Baccarum lauri nobilis, gr. cxx. M.

Ft. pulv. Put it in a well-closed jar.

Sig. One to two teaspoonfuls to be taken to make coffee with.

324. *R* Lactatis ferri, gr. ix.

Pulv. rhei, gr. xxij.

Sacchari albi, gr. xxx. M.

Ft. pulv. Divide in partes equales viij.

Sig. One powder once or twice a day.

325.* *R* Ferri iodat. saccharat, gr. xxij.

Solve in

Tinct. aurantii cort., \mathfrak{z} ss.

Sig. Ten to thirty drops two to three times a day.

* Substitute syrupus ferri iodidi (Br. Ph.), five to twenty drops two to three times a day.

326. \mathcal{R} Ferri carbonat. sacch.,
Pulv. rhei, āā gr. xlvj.
Extracti conii, gr. x.
Aurantii cort., gr. lx. M.
Ft. pulv. Divide in partes eq. xx.
Sig. One powder once or twice a day.
327. \mathcal{R} Tinct. malat. ferri,* 3j.
Tinct. amaræ,† 3ij. M.
Sig. A teaspoonful once or twice a day.
328. \mathcal{R} Tinct. amaræ,‡
Tinct. aurantii cort., āā 3ij. M.
Sig. A teaspoonful twice daily.
329. \mathcal{R} Extracti centaurei,§ gr. xxx.
Aquæ menth. pip. f3j. Solve.
Sig. One to two teaspoonfuls daily.
330. \mathcal{R} Extracti quassia, gr. xxx.
Aquæ melissæ, f3ij. Solve.
Sig. As the last.
331. \mathcal{R} Extracti cinchon. pallid., gr. xxx.
Aquæ carminativæ,|| 3j. Solve.
Sig. As the last.
332. \mathcal{R} Extracti juglandi nucis,¶ gr. cxx.
Aq. aurantii flor., f3ij. Solve.
Sig. As the last.
333. \mathcal{R} Extracti acori, gr. xxx.
Aquæ melissæ,
[Vel. Aq. menthæ], 3j. Solve.
Sig. As the last.

* See note, p. 165.

† A tonic compound analogous to our compound tincture of gentian, but made with the spirituous cinnamon water of the note just referred to. Compound infusion of gentian with ammonio-citrate of iron may be substituted. ‡ See last note.

§ Erythræa centaureum, indigenous.

|| Got by distillation from chamomile flowers, orange peel, lemon peel, mint leaves, and the fruits of caraway, coriander, and fennel. Substitutes will suggest themselves.

¶ The walnut. It is reputed on the Continent as a tonic in scrofula.

334. R. *Herbæ centaurii flor.*, ℥ss.

Rad. acori,

Corticis aurantii, āā gr. clxxx. *Concid. M.*

Sig. For tea.

SPINA BIFIDA—HYDRORRACHIS.

Since no radical treatment is possible in this exceedingly dangerous, and, as a rule, before or soon after birth, fatal complaint, the medical man must be satisfied with palliative treatment. The tissues should be protected by some suitable appliance from pressure, friction, and soiling of excrement, and the attempt should be made to produce thickening of the walls of the sac, and make it shrink, by tonics, astringent ablutions, fomentations, and salves; and to promote resorption of the fluid and assist adhesive processes by painting tincture of iodine on the part; resistance to the painful and paralytic accessories should be kept up. Internal remedies have almost no effect. Operative interference makes some pretence to results in case of thinly-stalked, very small painless swellings that are covered in all their extent with skin, and have simple watery contents, especially when they are attached to the vertebræ very far down.

STOMATITIS ET STOMACACE—INFLAMMATION AND ULCERATION OF THE MOUTH.

In stomatitis of new-born infants, repeated application of cold water, and mild aperients, as clysters, are as a rule sufficient. In ulceration of the mouth, the internal use of chlorate of potash (335), and the local application of diluted vinegar, a solution of chlorate of potash (336), or diluted hydrochloric acid * (337) are recommended.

335. R. *Potassæ chloratis*, gr. xxx.—lx.

Solve in

Aquæ destillat., f℥ij.

et adde

Syrupi simplicis, f℥iij.

Sig. A teaspoonful every hour.

* Not acid. hydroch. dil.—*Br. Ph.*; but this still more diluted.

336. R Potassæ chloratis, gr. xxx.—lx.
 Solve in
 Infusi salviæ,
 [Inf. glycyrrhiz., lini, &c.], fʒiij.
 et adde
 Mellis rosati, fʒiij.
 [Vel. mellis vel syrup. rosæ.]

Sig. The wash for the mouth.

337. R Acidi hydrochlorici dil., fʒj.
 Mellis rosati [v. supra], fʒvj.
 Sig. For brushing over the affected parts.

SYPHILIS NEONATORUM—SYPHILIS OF NEW-BORN
 CHILDREN.

To counteract syphilis in new-born children embrocations of ungt. cinereum [ungt. hydrargyri diluted with lard] to the extent of five to ten grains every alternate day, are suitable, if there are no ulcers present on the skin, in which case the *mercurius gummosus Plenckii* (338), or calomel (339), must be given internally till the affection has subsided, and must be continued some time longer in order to provide against further attacks. For painful ulcers of the skin, aqua phagadaenica [lotio hydrargyri flava] with opium is useful. Baths with corrosive sublimate too, (five to ten grains for a bath), are used with benefit in cutaneous eruptions. Luzsinsky recommends in children's syphilitic complaints, externally, corrosive sublimate, and internally the black precipitate of mercury (340) in conjunction with opium, rhubarb, or lapides cancrorum. These patients require altogether hardly four to eight grains of the preparation of mercury, still the medicine must be given for a considerable period with greater or less intervals, in order to prevent those relapses that may easily follow. As regards diet, the gastric and intestinal affection must be considered, and a mucilaginous drink suitable to this affection should be given, as well as proper nourishment. In the Royal Imperial Foundling Hospital, syphilitic

children are treated with calomel, corrosive sublimate baths, and embrocations with unguentum cinereum.

338. \mathcal{R} Mercurii gummos. Plenii,* gr. iij.-xiv.

Sacchari albi, gr. xxx. M.

Ft. pulv. Divide in dos. vi.

Sig. One powder once or twice a day.

339. \mathcal{R} Calomelanos, gr. ij.-iv.

Opii puri, gr. $\frac{1}{4}$ - $\frac{1}{2}$.

Sacch. albi, gr. xl. M.

Ft. pulv. Divide in part. eq. viij.

Sig. One powder morning and evening.

340. \mathcal{R} Mercurii præcip. nig.,† gr. ij.

Opii puri, gr. ss.

Sacchari albi, gr. cxx. M.

Ft. pulv. Divide in part. eq. xvi.

Sig. One powder twice daily.

TETANUS ET TRISMUS NEONATARUM—TETANUS AND LOCKJAW OF NEWBORN CHILDREN.

Since tetanus occurs in newborn children mostly at the time of separation of the remains of the umbilical cord, the greatest attention must be paid to the region of the navel, and the proper means must be used to check promptly any anomaly whatever that occurs. If, after all, the disease breaks out, treatment can in general effect little. Inhalation of chloroform is the remedy most used; as long as narcosis lasts, relaxation of most of the muscles and diminished reflex disturbance are observed; nevertheless, with the cessation of the anæsthetic action, the symptoms return. The medicines that are recommended, such as opium (341-343), belladonna (344), tincture of cannabis indica (345), musk

* Consists of eight grammes (grme. = $15\frac{1}{2}$ grs.) each of water and powdered gum arabic rubbed up together, and with four grammes of pure mercury.—Dr DILLNBERGER.

† Black oxide of mercury, prepared by adding diluted ammonia to acidulated sol. of mercurous nitrate, and collecting and drying the precipitate.—BEASLEY.

(342, 343), &c., can for the most part be given only *per anum*. Externally, warm baths, wrappings of moist warm linen, embrocations with solutions of belladonna (346), are of service. Bednar recommends the application of ice-bladders to the vertebral column, and cold douche on the back and along the vertebræ.

341. R Tinct. opii, mxx.
Sig. One drop every hour.

342. R Opii puri, gr. j.
Moschi orient., gr. v.
Tere cum sacchari albi gr. xxx,
sensim addendo
Aq. menth. pip., f3ij.
Tinct. valerianæ, f3ss.
Sig. To be shaken up, and five to eight drops given every hour.

343. R Moschi orient., gr. iv.
Tinct. opii, gtt. ix.
Sacchari lactis, gr. xxx. M.
Ft. pulv. Divide in part. eq. viij. Put in waxed paper.
Sig. One powder every hour.

344. R Tinct. belladonnæ, gtt. iv.-vj.
Aquæ dest., f3j.
Syrupi capillor. Ven.
[Vel Syrup. simp.], f3iiss. M.
Sig. A teaspoonful every one to two hours.

345. R Tinct. cannabis ind., f3ss.-j.
Syrupi capill. Ven.
[Vel Syrup. simp.], f3j. M.
Sig. Two teaspoonfuls every two hours.

346. R Extracti belladonnæ, gr. x.-xxij.
Spiritus vini rect., f3v. Solve.
Sig. To be rubbed into the parts affected with cramp.

TUSSIS CONVULSIVA. PERTUSSIS—HOOPING COUGH.

As no specific is known for whooping cough, nothing more than a symptomatic treatment is possible. It has been stated that the disease may be prevented if rules

for its prevention are laid down in time enough. This is, however, according to Skoda, a mere hypothesis, for it is some time after the commencement of the illness before one knows at all whether, and in what degree, hooping cough will occur. As soon, however, as there is any thought of this complaint possibly occurring in the future, the child must be treated just in the same way as if a severe illness lay before it. It must be put to bed, every change of temperature avoided, and the treatment mentioned under "Bronchial Catarrh" must be instituted. For the paroxysms themselves narcotics are useful; but as all narcotics have only a short-lived action, they must be often changed. When there is much congestion of the brain, opiates (195, 227, 235, 309, 310, 347) must be avoided; and belladonna must rather be given (166, 167, 348-351), or hyoscyamus (193, 257), cannabis indica (194, 299, 345), aqua lauro-cerasi (160, 298), aqua amygdalarum amararum (352), lactucarium (353), cyanide of zinc (354), or digitalis (202, 203). Besides these many other medicines, especially sulphate of quinia (355), chloroform (356), musk (357), antimonials, &c., are recommended. In the stage of purulent discharge, alum (358), tannin (359), acetate of lead (360) are indicated. During the paroxysm the child must be set up, and the mucus which is coughed up must be removed from its mouth. Severe paroxysms of coughing may be allayed by laying a cold dressing on the lower part of the breast-bone; and hence, too, water frequently poured over the breast is recommended. The change of air, which is so much bepraised, is not a remedy for every case. Many have left the town for the country, a rougher for a milder climate, without cessation of the attacks, or even diminution of their intensity. The diet must be prudently regulated, as in other acute catarrhal complaints, every strain must be avoided, and a proper posture, especially with the head elevated, must be recommended, since, when the head is laid low, the attacks of coughing are much more severe.

347. **R** Tinct. opii, gtt. xv.-xxx.
 Aquæ fœniculi, \mathfrak{z} j.
 Syrupi emulsivi,* \mathfrak{z} ij. M.
 Sig. A teaspoonful every two hours.
348. **R** Extracti belladonnæ,
 Zinci oxydi, āā gr. ij.
 Sacchari albi, gr. lx. M.
 Ft. pulv. Divide in part. eq. viij.
 Sig. One powder two to three times a day (for children rather grown up).
349. **R** Pulv. rad. belladonnæ, gr. ij.
 Pulv. ipecacuanhæ, gr. j.
 Elæosacch. macis,† gr. lx. M.
 Ft. pulv. Divide in part. eq. viij.
 Sig. One powder two to four times a day (for children who are rather grown up).
350. **R** Extracti belladonnæ, gr. j.-ij.
 Aquæ Laurocerasi,
 Aquæ, āā \mathfrak{z} j. M.
 Sig. Three to eight drops every two to three hours.
351. **R** Infus. fol. belladonnæ, e gr. x.-xxij.
 Colaturæ unciarum iij.
 adde
 Syrupi senegæ,‡ \mathfrak{z} iss.
 Sig. One teaspoonful every two to four hours.
352. **R** [Aquæ laurocerasi,
 Aquæ dest., āā \mathfrak{m} v.-xx.]
 Aquæ florum aurantii, \mathfrak{z} ij.
 Syrupi capillorum Ven.,
 [Vel Syr. simp.], \mathfrak{z} ij. M.
 Sig. A teaspoonful every hour.
353. **R** Lactucarii austr., gr. iv.
 Sacchari lactis, gr. lx. M.
 Ft. pulv. Divide in part. eq. viij.
 Sig. One powder every two to five hours.

* See note, p. 104.

† See note, p. 5.

‡ Substitute the tincture (Br. Ph.) with simple syrup.

354. **R** Zinci hydrocyan., gr. j.
 Magnes. carb., gr. ix.
 Sacchar. alb., gr. cxx. M.

Ft. pulv. Divide in dos. xvj.

Sig. One powder every two to three hours.

355. **R** Quiniæ disulph., gr. iv.-viij.
 Sacchari albi, gr. lx. M.

Ft. pulv. Divide in part. eq. viij.

Sig. One powder every morning and evening.

356. **R** Chloroformi, ℥iv.
 Ol. amygdalarum dulc., f3j.
 Pulv. gum. acac., gr. xxxiv.
 Syrupi aurantii flor., f3iij.
 Aq. destillat., ad f3iiss. M.

Ft. emulsio.

Sig. A teaspoonful every two to three hours.

357. **R** Moschi orient. opt., gr. ij.
 Opii puri, gr. ss.
 Gumm. acac., gr. x.
 Sacchari albi, gr. xl. M.

Ft. pulv. Divide in dos. vj. Put in waxed paper.

Sig. One powder every two to three hours.

358. **R** Aluminis crudi, gr. xxij.
 Extracti conii mac., gr. ix.
 Solve in
 Aq. fœniculi, f3xviij.
 et adde
 Syrupi rhæados, f3ij.

Sig. A teaspoonful every three to six hours.

359. **R** Tannini puri, gr. iv.-vj.
 Elæosacch. macis,* gr. lx. M.

Divide in dos. viij.

Sig. One powder every two to four hours.

360. **R** Plumbi acetat. dep., gr. j.
 Sacchari albi, gr. lx. M.

Divide in dos. viij.

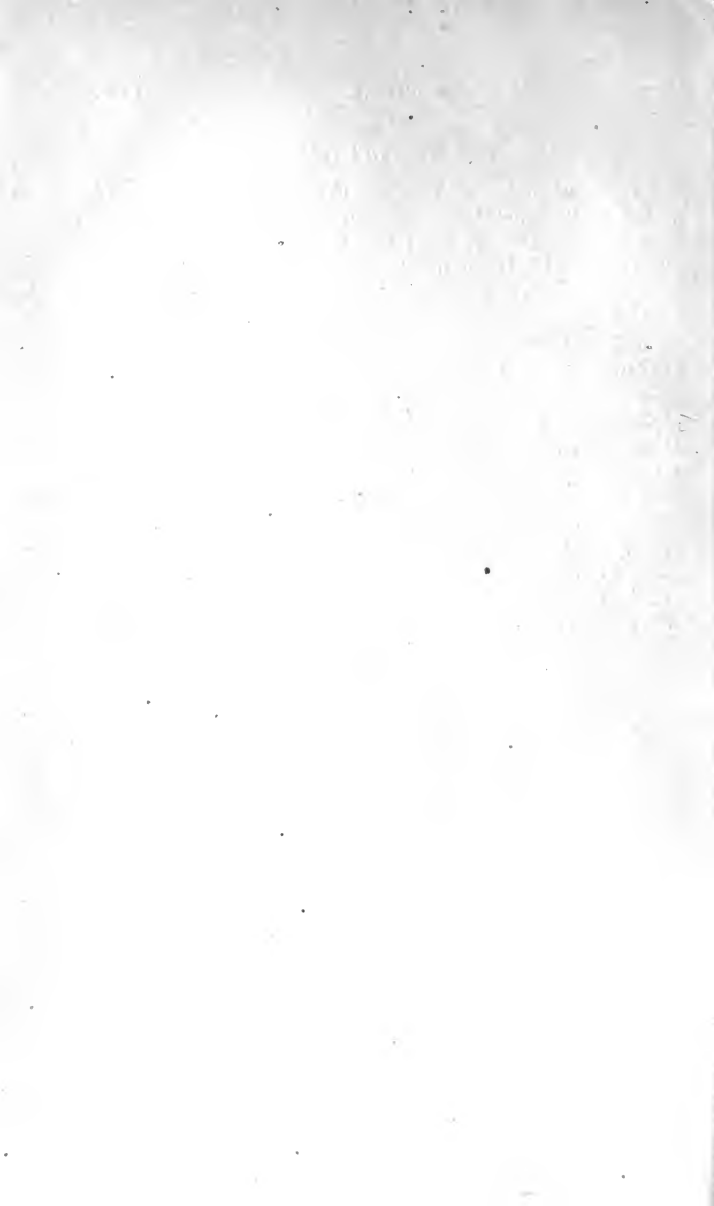
Sig. As the last.

* See note, p. 5.

VOMITUS—VOMITING.

In the vomiting of children at the breast the quality of the milk must be examined, the quantity imbibed must be regulated, so that the child gets only a small allowance; and, immediately after taking this, no violent movements, such as swinging, rocking, &c., must be made. For the vomiting which often attacks sucklings from irritability of the stomach without any particular exciting cause, Bednar recommends ipecacuan. For exaggerated secretion of acid, aqua calcis (244), carbonate of soda (245, 246), lapides cancerorum (246), potio Riveri, &c., are useful. In grown children, vomiting arises sometimes from overloading the stomach, and from eating injurious articles, in which cases the vomiting which succeeds is a sufficient remedy. In cases of symptomatic vomiting, the primary complaints (affections of the brain, stomach, intestine, and kidneys) are to be looked to. For grown-up children the treatment given in the "Pocket-book for Medical Diseases," * under the head of "Vomiting," is also appropriate.

* Not translated.



NOTES
ON BRITISH PRACTICE.



NOTES.

I.—METRACINESIS.

The dietetic treatment, as recommended by Dr Dillnberger, is practised only to a limited extent in this country. Often the patients are allowed to get about during a tedious first stage. Some give ergot to bring on pains; the modes of local stimulation of the womb (catheterising, douche, &c.) have not been much employed in labour at the full time.

Opium is sometimes given, and, no doubt, with advantage to very nervous women. Ergot is given much according to Dr Dillnberger's indications. Some object to it in first labours (Neligan on "Medicines"). It is considered dangerous to the child to bring on the full effects of ergot, strong and steady pains with hardly any interval. The belief that ergot in itself is poisonous to the infant is not now general. (Dr Uvedale West published a case of twins where the first was dead, and seemed to have been poisoned by ergot administered to hasten labour, but the second child was born alive and well.)

In the third stage, we mostly rely on pressure and friction externally, traction at the cord, and ergot, if there is not violent hæmorrhage; on ergot, cold water on the abdomen, and introduction of the hand into the womb, if there is violent hæmorrhage. In the former case, the placenta is removed after it has lain for two hours; in the latter case, it is removed if there are partial adhesions. If there are no such, the hand is used more as a stimulus to the uterus, being left in till contraction ensues, while cold and pressure are applied externally.

Of the measures recommended in this work, the kneading movement on the abdomen (*das Massiren*) is not systematically used, but is practically employed in some shape in this country. The introduction of the hand is looked on by many

as a proceeding of some hazard (Churchill, who quotes Denman, &c.) Cold injections into the umbilical vein are very seldom if ever practised, nor are cold injections into the uterus, astringent or otherwise, common. Compression of the aorta is perhaps tried now and again in a desperate case; tamponing the vagina (by colpeuryesis or otherwise) is seldom practised, and never, I believe, taught. Finally, transfusion is often recommended, but not often practised.

Instruments used for uterine douche in this country are large syringes, and such apparatus as Dr Graily Hewitt's ("Diseases of Women," p. 307) and Dr Sanson's ("Obstetrical Society's Transactions for 1867," p. 219).

II.—ABORTION.

As a preventive, besides general measures, opium is generally given in this country. Chlorate of potash is sometimes employed (strongly recommended in habitual abortion by the late Professor Dyce of Aberdeen). Tanner* advocates digital in cases otherwise suitable.

When abortion cannot be avoided, interference is practised only if hæmorrhage comes on, or if all or part of the ovum is retained and causing mischief. For hæmorrhage, besides plugging (of which colpeuryesis is a form), we use *ergot*. Cold water on the abdomen is another auxiliary. For retained ovum, digital extraction is not often practised (recommended, however, by Tanner* after the use of sponge tents); fresh plugging, ergot and injections are rather trusted to. Instrumental removal is occasionally practised (by a small forceps, sheathed hooks, curettes, &c.—Churchill's "Midwifery," &c.). Cauterisation, of the sort mentioned in the last sentence, is seldom resorted to in cases of abortion.

III.—DYSMENORRHOEA.

The relief of dysmenorrhœa by mechanical appliances to the cervix uteri has received both attention and support in this country. Sometimes pressure and sometimes incision is employed.

Opium, morphia, and hydrocyanic acid are not the first remedies that would be had recourse to. The milder narcotics and sedatives, with auxiliary measures—rest, baths, proper clothing, &c.—and the treatment of any affection pre-

* Signs and Diseases of Pregnancy.

sent, and likely to be causative, would probably be the measures resorted to in the outset by a British practitioner.

IV.—CANCER OF THE BREAST.

Silicin is, as far as I know, unused in this country for cancer.

The galvanocaustic wire is not in use except at some hospitals, and in the practice of a few surgeons; nor is it within the reach of most practitioners. But its elegance, the ease with which it can be applied, and the few disadvantages following its use, are extending its application.

V.—CANCER OF THE UTERUS.

The treatment is mainly the same as that pursued in this country, though a number of other remedies, answering the same indications as the author's, will readily suggest themselves to a British practitioner.

Some believe in prevention of this variety being possible. The usual general measures to prevent local congestion, also local depletion, warm baths and iodine, are the principal means employed with such a view.

Leeches to the womb are not much used; West disadvises them, preferring the perineum, groins, &c.

Gallic acid is frequently prescribed for the hæmorrhage, and is believed to be useful. Eight or ten grains are given every three or four hours (West, &c.) Tamponing is, I believe, seldom used, except for short periods when emergencies have to be met.

Operative interference is cautiously undertaken, and only in cases where the morbid growth is limited and accessible (as Dr Dillnberger describes). Vienna paste, chloride of zinc, and such caustics, are very rarely used for cancer of the womb (Rigby* confines their application to small cancerous tubercles about the size of peas.)

VI.—LEUCORRHEA.

The British practice is generally, I believe, constitutional treatment of some sort, and injections. Specific drugs are sometimes given of the sorts mentioned by the author, to whose list may be added cantharides, copaiba, turpentine, &c.

For ulceration about the portio vaginalis and cervix, when

* Diseases of Women.

made out, local treatment is employed. Cauterising has not taken much hold of the profession generally ; but caustics, to a stimulant extent, or astringents, are used, by swabbing, or by the introduction of dossils, or by lightly touching with a solid body (nitrate of silver in solution, tincture of iodine, solutions of tannin, of alum, of sulphate of zinc or copper, of carbolic acid in water or glycerine, and solid lunar caustic, being some of the means used).

Counter-irritation over the sacrum by a liniment of camphor and croton, one part of croton liniment to ten of simple camphor liniment (as long ago recommended by West), is too seldom used, so far as I have seen, considering its merits ; backache is the part of the complaint against which it prevails most, but the discharge too is at least temporarily diminished. The necessity of a causal treatment of leucorrhœa is gradually getting to be more recognised.

English waters, similar to those mentioned under leucorrhœa with hypertrophy, are Ashby-de-la-Zouche in Leicestershire, and Woodhall Spa in Lincolnshire. Sea water is of the same class (Glover on Mineral Waters, M'Pherson on Mineral Waters, Thomson on Health Resorts). Kreuznach water, or the salts contained in it, may be got in this country. The application of the tampon to leucorrhœa (vaginal) has not been studied in Britain.

VII.—ANTEVERSION OF THE WOMB.

The local treatment mentioned is not probably in anything like general use when anteversion is diagnosed. Various abdominal belts, as well as pessaries (Clay's, &c., &c.) are suitable. See Catalogues of Surgical Instruments.

VIII.—RETROVERSION OF THE WOMB.

The impregnated womb is principally referred to in the text ; the first method mentioned applies to any recent case.

In the unimpregnated womb the treatment in this country consists of medicinal tonics, of evacuation of the bladder and rectum, of cold douches or baths, of rest in the prone position, of blood-lettings (if indicated) about the genitals, of astringent and tonic injections, of occasional replacement, and the use of pessaries. The last two are occasionally not used. Intra-uterine stents seem generally disapproved of.

The treatment in the impregnated state of the womb corresponds in the main with that mentioned by Dr Dillnberger.

IX.—FLEXIONS OF THE WOMB.

Uterine supports are now little used in Britain. Pessaries are employed in cases of flexion, of which many, more or less ingenious, have been lately invented (see, *e.g.*, Dr Graily Hewitt's work on Diseases of Women, p. 507), and are to be found on the lists of surgical instrument makers. The thorough regulation of the patient's functions, especially as bearing on the pelvic viscera, is aimed at, and the treatment of causes, consequences, and complications is more or less accomplished.

X.—INVERSION OF THE WOMB.

In recent considerable inversion two questions present themselves. Should the placenta be removed before returning? Should pressure be made on the fundus or about the inverted neck? Few, I believe, would remove the placenta to begin with. But if the woman were otherwise strong, it would be removed by a confident practitioner. The second question is probably always answered at the bedside only. Manipulative tact soon discovers the most hopeful way. In a case of years' standing, Marion Sims reduced by pressure on the fundus.

Replacement of a small inversion through the rectum, and incision of the neck of the womb, are not general in this country.

Chronic inversion is held to require palliation; if that is vain, removal by ligature or excision.

XI.—PROLAPSE OF THE WOMB.

A very great variety of pessaries is used in this country, of which oval and globular boxwood pessaries, ring pessaries, disc pessaries, and those of india-rubber capable of inflation, are the most common. For others, see the lists of surgical instrument makers. Zwanck's pessary has long been known and used with success in Britain (see West on "Diseases of Women," Tanner on "Practice of Medicine," under "Prolapsus Uteri"). Hull's, Ashburner's, Burns's are the names of abdominal belts in use for prolapsus, and there are others of more recent invention.

XII.—CONVULSIONS OF PREGNANCY.

Treatment in this country is in a transition state as regards general measures and medicines; measures directed to the uterus are not so freely undertaken as in Austria.

Bleeding is still pursued in "sthenic" cases, both as a prophylactic and as a means of cure (see, for example, a paper by Dr Hall Davis, published in the Obstetrical Society's Transactions for 1870). On the other hand, when the urine is found to be albuminous, it is generally recommended not to bleed; and the realm of the "sthenos" is no doubt thus seriously invaded (see, for example, Tanner in "The Signs and Diseases of Pregnancy"). Blistering and calomel are still very much used. Enemata are generally given. The chloroform treatment has made some way, and the treatment by acids has been well recommended (Tanner, *op. cit.*), and is no doubt practised to some extent. Numerous other measures are fallen upon in individual cases—cold to the head, narcotics, &c.

As regards obstetrical measures, the induction of premature labour is, I believe, but little practised in this country, even when, regular convulsions being only in prospect, there seems every chance that the mother will in this way get clear over her labour without any thorough attack; the propriety of this proceeding has, however, been taught. The employment of colpeurysis (or a substitute), and of uterine catheterisation in the first stage, is certainly unknown in general practice. It is opposed by two common beliefs—firstly, that the uterus shares in the convulsion; and secondly, that any additional stimulus in the uterine region will produce additional convulsions as much as additional uterine contractions.

For the last reason, too, digital dilatation is generally discontinued.

Delivery by the short forceps when the child's head is properly situated is common practice. Turning is usually preferred to the long forceps; but probably in the case put as suitable for the latter, expectant treatment would be pursued.

That there are cases for expectant treatment throughout (obstetrically) is allowed. Analogy would lead one to conclude that cases where a convulsive tendency has previously manifested itself come under this category. In the opposite sort of cases there is probably some agent extraneous to the nervous system operating strongly against the wonted stability of the latter, which agent may be also more easily reached by professional skill than a long-standing tendency of the sensorimotor machinery to let off power in the form of general convulsions.

In this affection chloral promises to give good results (Cases in *Lancet* of April 2d and of August 13th, 1870).

XIII.—CHAPPED NIPPLES.

Tannin in some form is a valuable addition in British practice to the list of remedies mentioned.

XIV.—PUERPERAL FEVER.

The modes of treatment that have been pursued have been very various ; and, if one fact is agreed on more than others, it is that the treatment must be suited to the varying character of each " epidemic."

At present general bleeding is probably not often resorted to ; leeches and calomel, with low diet, are the means employed in cases suitable for antiphlogosis ; opium is considered the most useful drug in all cases, and nourishment and stimulants are given according to indication. Among the numerous sorts of further treatment, that by perchloride of iron (Barnes's) is prominent. The local treatment consists, sometimes in leeching, always in applying poultices, fomentations or stupes, to the abdomen, when, as generally, there is localised mischief there ; and not unfrequently in ablutions, medicated or otherwise, to the womb and vagina.

Latterly, theory appearing to tend to the almost invariable commencement of the evil in suppurative affection of the genital passages, especial stress has been laid on the precautionary measures necessary for guarding against infection of the mother with septic material, provocation of inflammation in the passages, and absorption of neighbouring fluids by the uterine walls (Drs Snow Beck, Graily Hewitt, Braxton Hicks, &c.)

Bark has been one of the many drugs given in this country, and quinine is known as a remedy in puerperal fever, but these have not acquired such a prominence as Dr Dillnberger (following Braun) gives them. This constitutes the chief difference between the Austrian and the British treatment.

XV.—FIBROID TUMOURS OF THE UTERUS.

The British treatment is well represented by that put forward in this work.

The advantage alleged to attend excision, and the hopefulness of expectant treatment during labour, are points to be noticed.

A bromine treatment (bromide of potassium) was recommended by Sir James Simpson.

For baths similar to those mentioned, see Note VI., end.

XIV.—FISTULÆ.

The treatment given resembles ours. For accounts of Sims's operation, and others, of the advantages of silver sutures and the duckbill speculum of Sims, &c., see works on Surgery.

XVII.—OVARIAN DROPSY.

The operation of ovariectomy, which is looked on as a proceeding of doubtful merit in most parts of the Continent, has proved very successful in the hands of Dr Thomas Keith, Mr Spencer Wells, and other skilful surgeons in this country, and is therefore recognised both by the profession and by the public as something more than legitimate.

XVIII.—PUERPERAL MANIA.

Treatment is expectant in its general nature; but the palliative treatment is generally of a very decided kind. Battley's solution, morphia, digitalis, &c., are exhibited to procure quiet, and relieve the patient's friends. Hydrate of chloral has been used, and the patient has seemed much better in consequence (*Lancet*, January 22d, 1870).

Water treatment (warm bath, cold bath, douche, wet sheet, &c.) has not been much used, but is well spoken of in certain sorts of cases.

Removal to an asylum is not unfrequently resorted to among the richer classes, and often among the poorer, with much advantage. Quinine is not much used.

Prophylactic treatment deserves much more consideration than it gets. It is easily applicable to patients of neurotic diathesis.

XIX.—MASTITIS.

The only remark that falls to be made is as regards incision of the affected breast for the evacuation of matter. Many prefer to leave the process of evacuation to nature. A still greater number delay incision till the matter shows itself very evidently. Early incision (*i.e.*, on the mere suspicion of fluctuation, which is not always easy of detection in this region) is, again, frequently approved of and practised.

XX.—METRORRHAGIA (INCLUDING MENORRHAGIA).

To the modes of treatment mentioned, British practice adds an antiphlogistic treatment of cases accompanied by sthenic feverishness, and consisting in blood-letting, or in mercurials

and purgatives, with low diet, rest, &c. To the astringents mentioned must be added gallic acid and matico. *Digitalis* has been used. Injections are not, I think, in general use for menorrhagia; certainly intra-uterine injections are not.

During pregnancy, rupture of the membranes, and production of delivery artificially, are sometimes instituted.

XXI.—HEMICRANIA.

We have in Britain our own list of remedies for neuralgia. This variety is so often associated with general weakness, that iron salts and quinine are the remedies used in most of the cases. But, besides these, musk, valerian, valerianate of ammonia, of quinine, of zinc; belladonna, cannabis indica, and other narcotics; chloroform, conium, and other sedatives; ether, chloride of ammonium, arnica, and other stimulants; bromide of potassium, various tonics, topically stimulation, irritation, galvanism, injection of morphia, &c., have all been more or less employed in neuralgia of this and allied kinds.

XXII.—BRIGHT'S DISEASE.

Attention should be directed to the treatment by acids mentioned in the text. This treatment has not been much tried in Britain.

XXIII.—NEURALGIA OF THE VAGINA.

This is one, at least, of the sources of vaginismus. The treatment by forcible dilatation of the vagina under chloroform (see case by Dr W. P. Hood, *Lancet* for 1869, vol. ii. p. 801) is more or less applicable, and employed in this complaint.

XXIV.—HÆMORRHOIDS.

Besides astringent washes with sulphate of zinc, acetate of lead, alum, tannin, &c., the ointment of galls and opium of the British pharmacopœia is a very favourite local remedy in this country for piles that are not inflamed.

A T-bandage of caoutchouc is not much used, and is worthy of attention.

XXV.—PHLEGMASIA DOLENS.

An abortive, or an antiphlogistic and eliminative treatment is still practised, but the tendency is towards palliative measures, both local and constitutional, during the acute stage, and pressure, friction, regular living, change of air, tonics, and restoratives in the later stages.

Saline purgatives, antimonials, mercury, blood-letting belong to the former lines of treatment ; blisters to the part may be classed along with these as being probably equally expensive to the patient. Opiates internally, and opiate fomentations to the limb, typify the latter mode of treatment, and are judiciously combined (or alternated) with mild aperients, and cold dressings locally.

The importance of washing out the uterine cavity with lukewarm injections, whenever the discharge appears at all unnatural, is insisted on by writers on the subject. (Tanner, Churchill, Sir J. Y. Simpson in his Class Lectures, &c., &c.).

XXVI.—PLACENTA PRÆVIA.

The treatment described agrees with ours only in that stage when labour may be and ought still to be averted.

When labour must go on, the course that is recommended and practised is—pushing the hand through the os, between the placenta and the uterine wall, rupturing the membranes, finding one or both feet, and bringing down the child by these ; this to be executed as rapidly as possible, and the subsequent stages of parturition hastened by mechanical aids.

In partial *placenta prævia*, rupturing the membranes is considered sufficient, unless other complications arise.

The plan of detaching the entire placenta when the opening of the os uteri is not far enough advanced for the proceeding just mentioned to be instituted, was proposed by Sir J. Y. Simpson, but is not, I believe, much practised.

Compare with the text what is said under *Prolapsus Placentæ*.

XXVII.—RUPTURE OF THE PERINÆUM.

The proceedings instituted for recent rupture are much the same as those described. Simple union with interrupted suture is strongly recommended by Dr G. Hewitt (*Diseases of Women*), if done within an hour of the occurrence of rupture.

The perinæoplastical operation of Schuh differs as regards the systematic and extensive denudation from the operations advised and practised in Britain.

XXVIII.—RUPTURE OF THE WOMB.

British practice varies somewhat from that stated in the text ; especially as regards the usefulness of turning, and as regards the perforation of the foetal cranium and extraction of the dead child. In the latter case, the reluctance to run

the slightest risk of destroying the child's life, which prevails in Roman Catholic communities, must be taken into account. For other points of difference consult works on midwifery.

XXIX.—ULCERS OF THE WOMB.

The solution of protonitrate of mercury is a favourite caustic for the more severe cases in this country (West, &c.). The actual cautery is not much used for these cases. The sort of speculum requires consideration.

Lately the "styptic colloid" has been used for inveterate ulceration with success (Obstetrical Transactions for 1870, p. 86).

XXX.—ANGINA FAUCIUM.

The treatment mentioned differs a good deal from ours, especially in the articles of poultices (very generally employed, I believe), of purgatives (also generally employed), and of leeching or scarification (which I do not think to be common). Ice is not commonly used, but I have seen spirit lotion continuously applied with good results. As regards gargles there is a question. Some approve of them; some disapprove, because they cause exertion and therefore irritation of the diseased parts. So as regards external irritants, some use them, others do not. Swabbing with solution of nitrate of silver (gr. x.-xx. or more to 3j. aq. dest.) is very much employed by many practitioners, and gives general satisfaction so far as I have seen. Others deny its power.

XXXI.—CROUP.

The Vienna treatment differs from the British in the entire dismissal of general blood-letting, calomel, and iodide of potassium from the list of useful remedies. There is a tendency in the same direction in this country.

Water treatment of some sort, and emetics, with local treatment of the nature of depletion, fomentation, or counter-irritation, are common to both systems. Cold water affusions have not been much used, but much has been said in their favour.

Quinine is not systematically employed in this country for croup.

In the initial stage the drugs recommended (narcotics) are not used much with us. Emetics are more favoured remedies. This difference is worth consideration.

Tracheotomy is considered justifiable, subject to conditions similar to those mentioned in the text.

XXXII.—THRUSH.

The local treatment is of the same nature as that mentioned in the text. Sulphites have been used lately in this country (Tanner's "Diseases of Children" by Meadows).

General treatment is required in most cases, and that of a tonic and supporting kind.

The precautions mentioned by the author are worthy of note.

XXXIII.—APPARENT DEATH IN NEWBORN CHILDREN.

The various methods of artificial respiration are more generally resorted to in this country than insufflation. Probably the forms most generally used are compression of the chest with the hands, alternating with (partly mechanical and partly reflex) expansion when the hands are removed ; and the method of raising the arms above the head and depressing them alternately.

XXXIV.—ATRESIA ANI.

Amussat's operation of cutting into the colon on the left side where it is uncovered with peritoneum, is regarded here as an additional resource in these cases.

XXXV.—INFANTILE ATROPHY.

This complaint is not often recognised as a separate one, in Britain. In the *Lancet* for 1869 (vol. ii. p. 604), Dr W. H. Day has published some observations on debility in children, as an independent disease, leading to many others—anaemia, tuberculosis, "and every form of diathesis that lowers health, and provokes disease." Undoubtedly every one who has had experience of the out-patient practice of a large city dispensary, must acknowledge the convenience, to say the least, of this nomenclature, especially as it turns out available for treatment.

Dr Day recommends attention to the stomach, gentle exercise, air, and tonics especially of the ferruginous class.

The measures recommended in this chapter, and in that on scrofula, comprehend the British treatment for Infantile Atrophy.

XXXVI.—CEPHALHÆMATOMA.

The treatment in this country is mainly expectant.

XXXVII.—CHOREA.

Purgatives are usually recommended for cases of chorea in British text-books. With these, tonics are given; and in respect of this, as of the benefit derived from baths, authorities are at one. Sulphur baths are used in this country to some extent. Gymnastic exercises are recommended, and their use is, no doubt, occasionally carried out systematically.

Chloroform inhalations are used in desperate cases. Chloral has been found very useful. In my experience it has had only a partial effect. The general measures (such as those with which the division concludes) are insisted on perhaps with too little vigour.

XXXVIII.—INFANTILE CONVULSIONS.

Except as regards the prominence given to the chloroform treatment, there is no point of importance in which the Vienna practice differs from the British.

XXXIX.—DIARRHŒA.

The diet allowed is more extended, and the number of drugs thought available is smaller than in British practice. Veal or chicken soup is often considered by us contra-indicated, like other animal foods. The first measure generally taken is, I believe, to stop for some hours the ingestion of any other nourishment than a little barley- or sago-water. Farina-cous foods are afterwards preferred.

The raw meat treatment, though long known, has not, I think, made much way in this country, not so much probably as it deserves. In order to avoid the risk of the child's swallowing entozoal germs, Professor Oppolzer of Vienna used to recommend plunging the meat (in a shreddy or finely chopped state) into a little boiling-hot soup, and giving the two together after they were sufficiently cooled.

Sulphuric acid with sulphate of magnesia, castor oil with opium, grey powder with Dover's powder, aromatic powder of chalk and opium, logwood, catechu, &c., are prescribed, the last two in the later stages; in addition, all the remedies mentioned by Dr Dillnberger are used more or less. A considerable place is given to stimulants in our text-books, but it is at least doubtful how each practitioner interprets the directions for free use of these. Probably the paragraph devoted by West to the subject ("Diseases of Infancy and Childhood," 3d edition, page 495), represents, still, general and

sound practice, both in this variety of purging, and in the inflammatory form.

XL.—DYSENTERY.

The favourite remedies in this affection differ to some extent from those mentioned.

The warm bath is considered indispensable for a child with this form of purging. Opiates take a prominent part, indeed, in the further treatment. They are, however, combined generally with castor oil, calomel, gray powder, &c.; while mercury takes no place in the treatment brought forward by Dr Dillnberger. Cold applications are not often recommended, I believe, in this country, and probably leeches are still employed by British practitioners in a case here and there.

The remedies brought forward in the text, and the idea with which they are given, are undoubtedly worthy of all attention.

XLI.—INFANTILE PARALYSIS.

The treatment of this affection, whether as laid down in books or as practised, is generally of an unsatisfactory kind. Nothing is added in British practice to the measures mentioned in the text. Such contributions as the admirable lectures by Volkmann of Halle, published in the *Lancet* for 1870, along with the increasing knowledge of and search into nervous disorders, will probably contribute much to the enlightenment of practitioners in dealing with this affection. As it is, a confession of ignorance is the best thing to put forward. "Ob die essentielle Lähmung der Kinder zu den Krankheiten des Gehirns, des Rückenmarks oder der peripherischen Nerven zu rechnen, oder ob sie bald cerebralen, bald spinalen, bald peripherischen Ursprungs sei, wie vort annimmt, ist bei dem Mangel an beweisenden Leichenuntersuchungen, nicht mit Sicherheit zu entscheiden, . . . Die aetiologischen Momente sind ebenso dunkel als die Pathogenese."—NIEMEYER, Lehrbuch der Speciellen Pathologie und Therapie, 8te Auflage.

XLII.—HYDROCELE.

In regard to treatment, this subject has not probably received the amount of attention in this country which the text shows it to have obtained in Germany; and the methods mentioned are therefore worthy of notice.

XLIII.—ACUTE HYDROCEPHALUS.

The treatment of this disease is in a transition state. The dependence of the disease on tubercle, though generally acknowledged as true in the great majority of instances, is not allowed to have its full influence on the treatment.

The necessity for most careful prophylactic measures is strongly insisted on by writers on the subject (West, Tanner, &c.), but such measures are difficult to carry out, for the medical man is not consulted till it is too late for these.

On the other hand, in practice, general bleeding, blistering, and calomel, are still employed, and such measures are even taught. Iodide of potassium with iodide of iron, and cod-liver oil, are recommended by Drs Tanner and Meadows ("Diseases of Infancy and Childhood," p. 173). Of the benefit derived from cold to the head at the proper stage, there seems to be little doubt, and the use of stimulants (port wine with beef-tea—op. cit.) will also approve itself when set about with judgment, and in answer to clear indications.

The prophylactic treatment, it may be remarked, will be found in the text under the heads of "Decline of Children," and "Scrofula."

XLIV.—CHRONIC HYDROCEPHALUS.

The view taken of these cases by British authorities is by no means so hopeless as that expressed by Dr Dillnberger. The prognosis is, indeed, always of a most guarded character, but there seems to be no doubt that cases of improvement under treatment have been observed.

The plans of treatment pursued are inunction of mercurial ointment, painting iodine on the scalp, pressure, puncture, and counter-irritation. As an example of the last, I have known a large crucial incision to be made on the scalp, and an irritating ointment (of savine, I think), applied to the raw surface, so as to keep an open wound for some time; and, not only was the proceeding said to have been successful, but adults with the cicatrix of the incision still visible have been pointed out or mentioned by name to me. Internally mercurial preparations, diaphoretics, and nutrients with iodine, as well as suitable treatment for complications, are employed.

The apparent extremeness of the views of the text rests undoubtedly on a large experience of cases. At the same time, the fact that an opening is given for treatment under "acute hydrocephalus," with which (in a more or less mild form) many instances of the chronic disease no doubt com-

mence, modifies somewhat the utterly negative character of the prospects held out for the complaint as a whole.

XLV.—PNEUMONIA.

Practice is in a transition state, viz., from depletion and “antiphlogistic” measures, to expectancy with relief of distressing symptoms, or with perhaps some aid to nature in the way of emetics, diaphoretics, &c. Even now, however, there can be no doubt that the weight of enlightened practice is immensely on the side of the milder procedure.

Catarrhal pneumonia is what we generally designate broncho-pneumonia, and croupous pneumonia is the ordinary form.

XLVI.—SCROFULA.

The general treatment is, with easily supplied changes in the specific articles of diet, the same in this country as at Vienna. The drugs employed, cod-liver oil, steel, and bitter tonics are also similar. The syrup of the iodide of iron and the compound syrup of the phosphates (Parrish’s chemical food) are favourite forms here. As regards the puncturing of abscesses, or their incision, a considerable change is being produced in surgical opinion, by the introduction of the anti-septic method. There seems to be no doubt entertained, by able and unprejudiced observers of the very great good that may result from its use in the way of preventing decomposition, and I have myself had at least one striking instance of its success under my care; as also a case of failure where there was caries present.

XLVII.—INFANTILE SYPHILIS.

British treatment varies only as regards the precise form of mercurial preparation employed. Grey powder (mercury with chalk) is the favourite preparation, and corrosive sublimate has also, and especially of late, been very generally employed.

XLVIII.—TETANUS AND TRISMUS.

This affection is rare in Britain. The experience that has been had of it, at the Dublin lying-in hospital especially, has led to the belief that impurity of air is one very important factor in the cause. To remedy this would, therefore, be one of the first indications. (See works on Diseases of Children, as by Drs West, Tanner, &c.) This is one of the diseases in which *chloral* may prove very useful.

XLIX.—HOOPING COUGH.

British treatment differs in so far as that it is not thought necessary to confine a child to bed for this affection. In many districts even of the north of Scotland the "kinckhost" is not thought of sufficient importance (among the poorer classes at least) to withhold the little patient from the usual amount of outdoor amusement or occupation; and, among people of the better class, confinement to the house is all that is enjoined in general by the practitioner.

The special remedies used resemble, in great measure those spoken of by Dr Dillnberger.

L.—THE USE OF CHLORAL IN THE COMPLAINTS TREATED OF IN THIS WORK.

It seems necessary, in order to represent English practice more nearly, to mention those of the diseases treated of, in which chloral has been employed, and is likely to continue to be so.

In *cancer* benefit has been derived from it. The strongest cases do not refer to mammary cancer; and, indeed, the general tendency of evidence is against chloral as an anæsthetic. In epithelioma and uterine cancer part of the effect may perhaps be attributed to the alleviation of the mental distress which often creates half the pain in these forms, owing to the distressing accompaniments. (See Cases by Drs Weeden Coke, and T. J. Woodhouse, in *Lancet* for 1870, p. 821.)

In *puerperal convulsions*, and still more in *puerperal mania*, this drug gives good promise of being useful. (See *Lancet* for 1870, pp. 79, 112, &c.) When *labour pains* are excessive, it is worth a trial.

In *croup*, true and false, chloral may turn out of some use for alleviating spasm. In the distressing cough of *bronchitis* it seems to have done good in some hands (Dr J. C. O. Will, in *Lancet* for 1870), but not in others (Dr J. Swift Walker, *Ibid.*, p. 372); and this may probably be accounted for by the more or less neurotic character of the morbid process.

In severe *chorea* good results have been obtained (*Ibid.*, pp. 79, 501, Drs William Alexander and Carruthers). In ordinary chorea I have obtained the cessation of nocturnal urination, but not of the spasmodic movements. Over the former it seems undoubtedly to possess an influence.

In the restlessness of chronic *hydrocephalus* I have found chloral very useful. In *hooping cough* a good deal has been said in its favour, and no doubt it will be widely employed in this disease. (See *The Practitioner* for September and December 1870—articles by Mr Rigden and Mr Waterhouse; also *Lancet* for 1870, p. 212, by Dr A. M'Adams.) In *tetanus* and *trismus* chloral seems a hopeful mode of treatment. (See, for example, *Lancet* for 1870, pp. 560 and 898—cases by Drs Verneuil and Ballantyne.) The experimental fact that chloral acts as an antidote to strychnine is in favour of such a treatment of tetanus.

The application of this drug to the diseases of women and children is, therefore, not inconsiderable. It remains to be seen whether chloral can be administered for a length of time without producing injurious effects (Dr J. Crichton Browne in *Lancet* for April 1st, 1871).

LI.—AQUA LAUROCERASI AND SYRUPUS PAPAVERIS (DIACODII).

These are generally regarded in this country with some little distrust, owing to uncertainty of their actual strength. Dilute hydrocyanic acid on the one hand, and some preparation of opium or morphia of known strength on the other, are often used instead of them. This proceeding has advantages, and (probably) disadvantages—the latter, since it is seen, in regard to diet, that chemically pure substances (albumen, &c.) are not physiologically so advantageous as more complex natural combinations, in which they form but one constituent (as flesh, &c.); and the same rule may at least be extended to pathological diet, in so far as that it be conceded that the effect of a principle (*e.g.*, morphia), given in its natural combination (with codeia, narcotina, &c., as opium), is something different from its effects when given pure, leaving it to observation to confirm the fact of the difference being in the direction of greater energy of the principle. Such confirmation seems to be given in the case of opium, in part at least, by the very general practice of surgeons in case of real emergency (as in strangulated hernia, phagedæna, gangrene, &c.), as well as of physicians (in peritonitis, colic, &c.), viz., that of inculcating and practising the administration of solid opium, and not of morphia. This practice seems certainly to me to have proved itself salutary in many instances. The same reasoning applies to cherry laurel water.

LII.—MINERAL WATERS.

A brief statement may be given of the waters, accessible without leaving this country, having similar effects to those mentioned in this work.

Karlsbad, Marienbad, Kissingen, and the saline waters generally, may be compared to Cheltenham, Leamington, and Harrogate. These last possess less gas than the continental waters; and the Harrogate springs contain sulphur in addition to the salines. Sea water is partly comparable to the same springs.

Kreuznach, Hall, Krankenheil, &c., may be compared with Woodhall, and with sea water; to a less extent, with Ashby-de-la-Zouche and Tenbury.

Ems is alkaline, gaseous, and saline, and has no proper equivalent in this country (Glover).

Franzensbad, (&c.), may be compared with the Scarborough springs, and with the iron springs of Harrogate and Buxton. It has, however, more carbonic acid gas than these. Ferruginous springs are found in many parts of Britain, generally with more or less local reputation.

See, for all details, such works as GLOVER on "Mineral Waters," MACPHERSON, "The Baths and Wells of Europe," THOMSON on "Health Resorts," &c.



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